

CITY OF WARNER ROBINS PERSONNEL ACTION RECORD

EMPLOYEE # 320	HIRE DATE	NAME: LAST Evans	FIRST Brett	M	SOCIAL SECURITY NUMBER <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
ADDRESS			CITY		STATE		ZIP CODE
DOB	PHONE NUMBER		DRIVER'S LICENSE		EXP. DATE		CLASS
DEPT # 600	DEPARTMENT		SEX	RACE	LOCATION		GROUP COLA
POS #	JOB TITLE		COST CENTER		HOURLY	STD HRS	GRADE
CHANGES	NEW DEPT #	NEW DEPARTMENT		NEW LOCATION		NEW GROUP	NEW COST CENTER
	NEW POS #	NEW JOB TITLE		STD HOURS		NEW GRADE	COLA

EFFECTIVE DATE: _____

APPOINTMENTS:

- ☐ PROBATIONARY (PB 800)
- ☐ TEMPORARY PART-TIME (TP 817)
- ☐ TEMPORARY FULL-TIME (TF 818)
- ☐ REHIRE (RH 822)
- ☐ REINSTATEMENT (RI 809)

ACTIONS:

- ☐ TRANSFER (TR 805)
- ☐ PROMOTION (PR 806)
- ☐ DEMOTION (DM 807)
- ☐ RECLASSIFICATION (RC 823)
- ☐ MILITARY LEAVE (ML 825)

ADJUSTMENTS:

- ☐ PERFORMANCE INCREASE _____ % (PI 803)
- ☒ OTHER Step Assignment

PAY CHANGES:

GRADE 26/17✓

HOURLY _____

BI-WEEKLY _____

ANNUAL _____

COMMENTS: _____

TAXES

W4 M/S	EXEMPT
G4 M/O/S/H	EXEMPT

PROCESSED:

BY [Signature]

DATE 05-16-18

E

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS

EMP # 320	FULL TIME DATE 5/4/1987	EMPLOYEE NAME EVANS BRETT L	SOC SEC # [REDACTED]
DEPT # 60	DEPT NAME POLICE		
CURR JOB # 629	CURR JOB TITLE POLICE CHIEF	HOURLY \$ \$ 47.2941	STD HRS 80
NEW JOB # 629 ✓	NEW JOB TITLE Police Chief ✓	NEW GRADE 26	

EFFECTIVE DATE: 04/02/12**ACTIONS:****996 (PS)** PAY STUDY CHANGE**PAY CHANGES:**GRADE: **26**HOURLY: **\$47.9931** ✓BI-WEEKLY: **\$3,839.45**ANNUALY: **\$99,825.56**

PROCESSED BY:

INITIALS PaDATE 4/10/12

**PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA**

EMPLOYEE # 320	HIRE DATE 5-04-87	NAME: LAST EVANS, BRETT	FIRST	MI	SOCIAL SECURITY NUMBER [REDACTED]	
ADDRESS		CITY			STATE	ZIP CODE
DOB	PHONE NUMBER	DRIVER'S LICENSE			EXP. DATE	CLASS
DEPT # 600	DEPARTMENT POLICE	SEX	RACE	LOCATION	GROUP	COLA
POS # 629	JOB TITLE POLICE CHIEF	COST CENTER 3210		HOURLY \$ 44.8030	STD HRS	GRADE
NEW DEPT #	NEW DEPARTMENT	NEW LOCATION		NEW GROUP	NEW COST CENTER	
NEW POS #	NEW JOB TITLE	STD HOURS		NEW GRADE	COLA	

EFFECTIVE DATE: 01-01-09

APPOINTMENTS:

☐ NEW EMPLOYEE
☐ RE-EMPLOY
☐ TEMPORARY/PART-TIME
☐ RE-INSTATE

PAY CHANGES:

GRADE _____
 HOURLY \$ 46.5952
 BI-WEEKLY \$ 3727.61
 ANNUAL \$ 96,917.85

ACTIONS:

☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFICATION

COMMENTS:

203 BACKPAY: \$ 143.37

ADJUSTMENTS:

☒ PERFORMANCE EVALUATION _____ %
☒ OTHER PAY ADJ (804) 4%

HOURLY	W4 M/S	EXEMPT	G4 M/O/S/H	EXEMPT

G. HARRIS

S. MARTIN

EMPLOYMENT/BENEFITS SPECIALIST

HUMAN RESOURCE DIRECTOR

0.0000 *

44.803 x

2.080. =

93.190.2400

93.190.24 x

4. %

3.727.6096 +

96.917.8496 +x

96.917.8496 ÷

26. =

3.727.6096

3.727.6096 ÷

80. =

46.5952

46.5952 +

44.8030 -

1.7922 *

0.0000 *

LB701R

EMPLOYEE BACK PAY PAY CALCULATION

1/22/09

PAGE 1

EVANS BRETT L

REVIEW DATE: 1/01/2009

NEW PAY RATE: 46.5952

Loc	P/E	Date	Actual	CD	Description	Hrs	Old Rate	Old Pay	New Pay	Diff
60	1/11/09	12/29/08	HL HOLIDAY	LEAVE	REGULA	24.00	44.8030	1075.27	1118.28	43.01
60	1/11/09	12/29/08	01	REGULAR	TIME	56.00	44.8030	2508.97	2609.33	100.36
TOTAL BACKPAY:										143.37

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(478) 929-1111 FAX (478) 929-1957

MAYOR
Donald S. Walker

**MEMBERS OF
COUNCIL**
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Post 3
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Post 5
Clifford Holmes, Jr.
Post 6
John F. Williams

CITY CLERK
M. Stanley Martin

CITY ATTORNEY
James E. Elliott

TO: William G. Harte, Comptroller

FROM: Mayor Donald S. Walker

DATE: November 13, 2008

REF: Performance Increase for Directors

Please cause the addition of Budgeted Performance Increase for the Department Head's salary effective January 1, 2009. Please add the increase in the amount of 4 % to the following:

Chief Brett Evans Public Safety-Police Department



Mayor Donald S. Walker

Date

**PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA**

EMPLOYEE # 320	HIRE DATE 5-04-87	NAME: LAST FIRST MI EVANS, BRETT			SOCIAL SECURITY NUMBER [REDACTED]	
ADDRESS		CITY			STATE	ZIP CODE
DOB	PHONE NUMBER	DRIVER'S LICENSE			EXP. DATE	CLASS
DEPT # 600	DEPARTMENT POLICE	SEX	RACE	LOCATION	GROUP	COLA
POS # 629	JOB TITLE POLICE CHIEF	COST CENTER 3210		HOURLY \$ 41.8089	STD HRS	GRADE
NEW DEPT #	NEW DEPARTMENT	NEW LOCATION		NEW GROUP	NEW COST CENTER	
NEW POS #	NEW JOB TITLE	STD HOURS		NEW GRADE	COLA	

EFFECTIVE DATE: 12-31-07

APPOINTMENTS:

☐ NEW EMPLOYEE
☐ RE-EMPLOY
☐ TEMPORARY/PART-TIME
☐ RE-INSTATE

1-10-08
HJP

ACTIONS:

☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFICATION

ADJUSTMENTS:

☒ PERFORMANCE EVALUATION 3 %
☐ OTHER _____

PAY CHANGES:

GRADE _____

HOURLY \$ 43.0632

BI-WEEKLY \$ 3445.05

ANNUAL \$ 89,571.39

COMMENTS: _____

HOURLY	W4 M/S	EXEMPT	G4 M/O/S/H	EXEMPT

G. HARRIS

EMPLOYMENT/BENEFITS SPECIALIST

HR FORM NO. 1 (REV 11/06)

S. MARTIN

HUMAN RESOURCE DIRECTOR

0.0000 *

#320

41.8089 x

2.080. =

86,962.5120

86,962.512 x

3. %

2,608.8754 +

89,571.3874 +%

89,571.3874 ÷

26. =

3,445.0534

3,445.0534 ÷

80. =

43.0632

43.0632 +

41.8089 -

1.2543 *

0.0000 *

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MAYOR

Donald S. Walker

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Post 4

Mike Brashear

Post 5

Clifford Holmes, Jr.

Post 6

Doug McDowell

CITY CLERK

Carolyn J. Robbins

CITY ATTORNEY

James E. Elliott, Jr.

TO: William G. Harte, Comptroller

FROM: Mayor Donald S. Walker

DATE: January 3, 2008

REF: Performance Increase for Directors

Please cause the addition of Budgeted Performance Increase for the Department Head's salary effective January 1, 2008. Please add the increase in the amount of 3 % to the following:

Chief Brett Evans Public Safety-Police Department


Mayor Donald S. Walker

1/08/08
Date

RECEIVED

JAN 09 2008

COMPTROLLER'S OFFICE

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE #	HIRE DATE	NAME: LAST FIRST MI			SOCIAL SECURITY NUMBER		
320	5/04/87	EVANS, BRETT			[REDACTED]		
ADDRESS				CITY		STATE	ZIP CODE
DOB	PHONE NUMBER		DRIVER'S LICENSE			EXP. DATE	CLASS
DEPT. #	DEPARTMENT		SEX	RACE	LOCATION	GROUP	COLA
600	POLICE						
POS. #	TITLE		COST CENTER		HOURLY	STD. HRS	GRADE
629	POLICE CHIEF		3210		\$40.9891		
NEW POS. #	NEW DEPARTMENT		NEW TITLE			NEW COST CENTER	

EFFECTIVE DATE: 01-01-07

APPOINTMENTS:

☐ NEW EMPLOYEE
☐ RE-EMPLOY
☐ TEMPORARY/PARTTIME
☐ RE-INSTATE

PAY CHANGES:

GRADE

HOURLY \$ 41.8089

BI-WEEKLY \$ 3344.71

ANNUAL \$ 86,692,4746

ACTIONS:

☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFIED

COMMENTS:

BACKPAY: \$ 327.91

ADJUSTMENTS:

____ PERFORMANCE EVALUATION _____ %
X OTHER MERIT INCREASE - 2%

HOURLY	W4 M/S	EXEMPT.	G4 M/O/S/H	EXEMPT.
--------	--------	---------	------------	---------

G. HARRIS

EMPLOYMENT/BENEFITS SPECIALIST

DIRECTOR

0.0000 *

#320

40.9891 x

2.080. =

85.257.3280

85.257.328 x

2. %

1.705.1466 +

86.962.4746 +%

86.962.4746 ÷

26. =

3.344.7106

3.344.7106 ÷

80. =

41.8089

41.8089 +

40.9891 -

0.8198 *

0.0000 *

EVANS BRETT L
REVIEW DATE: 1/01/2007
NEW PAY RATE: 41.8089
P/E Actual

Loc	Date	CD	Description	Hrs	Old Rate	Old Pay	New Pay	Diff
60	1/14/07	1/01/07	HL HOLIDAY LEAVE REGULA	16.00	40.9891	655.83	668.94	13.11
60	1/14/07	1/01/07	01 REGULAR TIME	64.00	40.9891	2623.30	2675.77	52.47
60	1/28/07	1/15/07	HL HOLIDAY LEAVE REGULA	8.00	40.9891	327.91	334.47	6.56
60	1/28/07	1/15/07	TT TRAINING TIME	8.00	40.9891	327.91	334.47	6.56
60	1/28/07	1/15/07	01 REGULAR TIME	64.00	40.9891	2623.30	2675.77	52.47
60	2/11/07	1/29/07	01 REGULAR TIME	80.00	40.9891	3279.13	3344.71	65.58
60	2/25/07	2/12/07	AL ANNUAL LEAVE	24.00	40.9891	983.74	1003.41	19.67
60	2/25/07	2/12/07	HL HOLIDAY LEAVE REGULA	8.00	40.9891	327.91	334.47	6.56
60	2/25/07	2/12/07	01 REGULAR TIME	48.00	40.9891	1967.48	2006.83	39.35
60	3/11/07	2/26/07	01 REGULAR TIME	80.00	40.9891	3279.13	3344.71	65.58

TOTAL BACKPAY: 327.91

TO: Stan Martin
FROM: Mayor Donald S. Walker
RE: Department Heads
DATE: March 14, 2007

Please give all Department Heads a 2% COLA and a 2% merit increase.

Donald S. Walker

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE # 320	HIRE DATE 5-04-87	NAME: LAST FIRST MI EVANS, BRETT			SOCIAL SECURITY NUMBER [REDACTED]	
ADDRESS			CITY		STATE	ZIP CODE
DOB	PHONE NUMBER	DRIVER'S LICENSE			EXP. DATE	CLASS
DEPT. # 600	DEPARTMENT POLICE	SEX	RACE	LOCATION	GROUP	COLA
POS. # 629	TITLE POLICE CHIEF	COST CENTER 3210		HOURLY \$ 37.2087	STD. HRS	GRADE
NEW POS. #	NEW DEPARTMENT	NEW TITLE			NEW COST CENTER	

EFFECTIVE DATE: 01-01-06

APPOINTMENTS:

- ☐ NEW EMPLOYEE
☐ RE-EMPLOY
☐ TEMPORARY/PARTTIME
☐ RE-INSTATE

PAY CHANGES:

GRADE _____

HOURLY \$ 40.1854

BI-WEEKLY \$ 3214.83

ANNUAL \$ 83,585.62

ACTIONS:

- ☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFIED

COMMENTS: _____

BACKPAY: \$ 288.14

ADJUSTMENTS:

- ☒ PERFORMANCE EVALUATION 8 %
☐ OTHER _____

HOURLY	W4 M/S	EXEMPT.	G4 M/O/S/H	EXEMPT.

G. HARRIS

EMPLOYMENT/BENEFITS SPECIALIST

DIRECTOR

0.0000	*
37.2087	x
2.080.	=
77.394.0960	
77.394.096	x
8.	%
6.191.5277	+
83.585.6237	+%
83.585.6237	÷
26.	=
3.214.8317	
3.214.8317	÷
80.	=
40.1854	
40.1854	+
37.2087	-
2.9767	*
0.0000	*

0.0000	*
2.9767	x
80.	=
238.1360	
0.0000	*
0.0000	*

CITY OF WARNER ROBINS

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WARNER ROBINS, GEORGIA 31099-1488

(478) 929-1111 FAX (478) 929-1957

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Donald S. Walker

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POST 4

Steve Smith

POST 5

Grady Clements

POST 6

Thomas Simms

CITY CLERK

Carolyn J. Robbins

CITY ATTORNEY

James E. Elliott, Jr.

TO: William G. Harte, Comptroller

FROM: Mayor Donald S. Walker

DATE: January 3, 2006

REF: Performance Increase for Directors

Please cause the addition of Budgeted Performance Increase for the Department Head's salary effective January 1, 2006. Please add the increase in the amount of 8 % to the following:

Chief Brett Evans Public Safety-Police Department



Mayor Donald S. Walker

Date

RECEIVED

JAN 19 2006

COMPTROLLER'S OFFICE

LB701R EMPLOYEE BACK PAY PAY CALCULATION

PAGE 1

1/24/06

EVANS BRETT L
 REVIEW DATE: 1/02/2006
 NEW PAY RATE: 40.1854

Loc	P/E	Date	Actual	CD	Description	Hrs	Old Rate	Old Pay	New Pay	Diff
60	1/15/06	1/02/06	HL	HOLIDAY LEAVE	REGULA	8.00	37.2087	297.67	321.48	23.81
60	1/15/06	1/02/06	01	REGULAR TIME		72.00	37.2087	2679.03	2893.35	214.32

TOTAL BACKPAY: 238.13

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE # 320	HIRE DATE 5-04-87	NAME: LAST FIRST MI EVANS, BRETT L			SOCIAL SECURITY NUMBER [REDACTED]		
ADDRESS				CITY		STATE	ZIP CODE
DOB		PHONE NUMBER		DRIVER'S LICENSE		EXP DATE	CLASS
DEPT. # 600	DEPARTMENT POLICE			SEX	RACE	LOCATION	GROUP
POS. # 629	TITLE POLICE CHIEF			COST CENTER 3210		HOURLY 33.1628	STD. HRS GRADE
NEW POS. #	NEW DEPARTMENT			NEW TITLE			NEW COST CENTER

EFFECTIVE DATE: 01-01-05

APPOINTMENTS:

- ☐ NEW EMPLOYEE
☐ RE-EMPLOY
☐ TEMPORARY/PARTTIME
☐ RE-INSTATE

1-26-05
APP

PAY CHANGES:

GRADE _____

HOURLY \$ 36.4791 ✓

BY WEEKLY \$ 2918.33 ✓

ANNUAL \$ 75,876.40

ACTIONS:

- ☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFIED

COMMENTS: _____

BACKPAY: \$530.61 ✓

ADJUSTMENTS:

- ☒ PERFORMANCE EVALUATION 10 %
☐ OTHER _____

HOURLY	W4 M/S	EXEMPT.	G4 M/O/S/H	EXEMPT.

G. HARRIS

EMPLOYMENT/BENEFITS SPECIALIST

DIRECTOR

0.0000 *

0.0000 *

33.1628 x

2.080. =

68.978.6240

68.978.624 x

10. %

6.897.8624 +

75.876.4864 +%

75.876.4864 ÷

26. =

2.918.3264

2.918.3264 ÷

80. =

36.4791

36.4791 +

33.1628 -

3.3163 *

0.0000 *

CITY OF WARNER ROBINS

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WARNER ROBINS, GEORGIA 31099-1488

(478) 929-1111 FAX (478) 929-1957

MAYOR
Donald S. Walker

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Steve Smith
POST 5
Grady Clemonts
POST 6
Thomas Simms

CITY CLERK
Carolyn J. Robbins

CITY ATTORNEY
James E. Elliott, Jr.

TO: William G. Harte, Comptroller

FROM: Mayor Donald S. Walker

DATE: January 18, 2005

REF: Performance Increase for Directors

Please cause the addition of Budgeted Performance Increases to all Department Heads' salary effective January 1, 2005. Please add the increase in the amount of 10 % to the following:

Chief Brett Evans

Public Safety-Police Department


Mayor Donald S. Walker

1/18/05
Date

EMPLOYEE BACK PAY PAY CALCULATION

LB701R
EVANS BRETT L

REVIEW DATE: 1/01/2005

NEW PAY RATE: 36.4791

P/E Actual

Loc	Date	P/E	Date	CD	Description	Hrs	Old Rate	Old Pay	New Pay	Diff
60	1/02/05		12/20/04	AL	ANNUAL LEAVE	32.00	33.1628	1061.21	1167.33	106.12
60	1/02/05		12/20/04	HL	HOLIDAY LEAVE	16.00	33.1628	530.60	583.67	53.07
60	1/02/05		12/20/04	01	REGULAR TIME	32.00	33.1628	1061.21	1167.33	106.12
60	1/16/05		1/03/05	TT	TRAINING TIME	24.00	33.1628	795.91	875.50	79.59
60	1/16/05		1/03/05	01	REGULAR TIME	56.00	33.1628	1857.12	2042.83	185.71

TOTAL BACKPAY: 530.61

PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE #	HIRE DATE	NAME: LAST	FIRST	MI	SOCIAL SECURITY NUMBER		
320	5/4/87	EVANS, BRETT L			[REDACTED]		
ADDRESS			CITY		STATE	ZIP CODE	
DOB	PHONE NUMBER		DRIVER'S LICENSE		EXP. DATE		CLASS
DEPT. #	DEPARTMENT		SEX	RACE	LOCATION	GROUP	COLA
600	POLICE]						
POS. #	TITLE		COST CENTER		HOURLY	STD. HRS	GRADE
628	CAPTAIN		3210		23.5266		
NEW POS. #	NEW DEPARTMENT		NEW TITLE			NEW COST CENTER	
629	SAME		POLICE CHIEF				

EFFECTIVE DATE: 12-15-03

GROUP 60 A

APPOINTMENTS:

☐ NEW EMPLOYEE
☐ RE-EMPLOY
☐ TEMPORARY/PARTTIME
☐ RE-INSTATE

1-29-08
JHP

PAY CHANGES:

GRADE _____

HOURLY 32.5125

BY WEEKLY 2601.00

ANNUAL 67,626.00

ACTIONS:

☐ CLASSIFIED STATUS
☐ TRANSFER
☒ PROMOTION
☐ DEMOTION
☐ RECLASSIFIED

COMMENTS:

ADJUSTMENTS:

____ PERFORMANCE EVALUATION _____%

____ OTHER _____

HOURLY	W4 M/S	EXEMPT.	G4 M/O/S/H	EXEMPT.
--------	--------	---------	------------	---------

G. HARRIS
EMPLOYMENT/BENEFITS SPECIALIST

DIRECTOR

0.0000 *

31.25 x

2. %

0.6250 +

31.8750 +%

0.0000 *

31.875 x

2. %

0.6375 +

32.5125 +%

0.0000 *

32.5125 x

2.080. =

67.626.0000

67.626. ÷

26. =

2.601.0000

2.601. ÷

80. =

32.5125

0.0000 *

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Frank N. Jones
Matt Stone

CITY CLERK

Carolyn J. Robbins

CITY ATTORNEY

James E. Elliott, Jr.

Memorandum

TO: Toni J. Mason, Payroll

FROM: Mayor Donald S. Walker

OK D&O

DATE: January 21, 2004

SUBJ: Chief of Police

On December 15, 2003, Captain Brett Evans was appointed City of Warner Robins Chief of Police. With this appointment there will be a pay change effective December 15th, 2003, to \$65,000 annually, \$2,500 bi-weekly, and \$31.25 hourly. This will precede the 2% Performance Evaluation given to the Department Heads, and the 2% Cost of Living Adjustment.

This change should be effective the January 23, 2004 pay period.

Pay Change

Brett Evans

Date		Hours	Rate	Backpay	Total	Date Range
✓ 01/23/04 As Paid		80	23.5267	73.09	\$1,955.23	1/5 - 1/18/04
01/05/04 PR/2%/2%	32.5125	80	8.9858	0	\$718.86	
✓ 01/09/04 As Paid		80	23.0654	0	\$1,845.23	12/22 - 1/04/04
12/22/03 2% COLA	32.5125	80	9.4471	0	✓ \$755.77	
✓ 12/24/03 As Paid		80	22.613	0	\$1,809.04	12/8 - 12/21/03
12/15/03 Promotion	31.25	40	8.637	0	\$345.48	
12/15/03 2% PE	31.875	40	0.625	0	\$25.00	
Total Back Pay Owed:					\$1,845.11	

Prepared by: Toni J. Mason
January 21, 2004

345.48
25
✓ 370.48

8.637
.625
9.262

FR512C
TJMA50N

Employee Check info

Date: 1/21/04
Time: 16:20:01

Co Employee# Name
10 320 EVANS BRETT L
Check Date : 1/23/2004
Check Number: 1547052 Type: R
Check Gross : 1955.22
--Type-- Fn Dp Acct Sub Description
REGULAR 10 06 3210 001 REGULAR PAY
OTHER 10 06 3210 105 BACK PAY

---Specific Selection for Employee---
Fn Dp Acct Sub Check Date Range
 From _____
 To _____
(any portion)
or Pay Type: -
80.00 1,955.22 (Hours/Amount)
 Hours Amount P/E Date Chk Date
80.00 1882.13 1/18/04 1/23/04
 73.09 1/18/04 1/23/04

F3=Exit

F4=Prompt

F11=Switch View

Bottom
F12=Return

PR512C
TJMASON

Employee Check info

Date: 1/21/04
Time: 16:20:12

---Specific Selection for Employee---

Fn Dp Acct Sub

Check Date Range

(any portion)

From _____
To _____

or Pay Type: _

Co Employee# Name
10 320 EVANS BRETT L
Check Date : 1/09/2004
Check Number: 1546925 Type: R
Check Gross : 1845.22

80.00 1,845.23 (Hours/Amount)

--Type--	Fn	Dp	Acct	Sub	Description	Hours	Amount	P/E	Date	Chk	Date
HOLIDAY	10	06	3210	205	HOLIDAY LEAVE	32.00	738.09		1/04/04		1/09/04
REGULAR	10	06	3210	216	ADMINISTRATIVE LEA	7.00	161.46		1/04/04		1/09/04
REGULAR	10	06	3220	001	REGULAR PAY	41.00	945.68		1/04/04		1/09/04

F3=Exit

F4=Prompt

F11=Switch View

Bottom
F12=Return

PR512C
TJMA\$ON

Employee Check info

Date: 1/21/04
Time: 16:20:21

'Co Employee# Name
10 320 EVANS BRETT L
Check Date : 12/24/2003
Check Number: 1546799 Type: R
Check Gross : 1809.04

---Specific Selection for Employee---
Fn Dp Acct Sub Check Date Range
 From _____
 To _____

or Pay Type: -
80.00 1,809.04 (Hours/Amount)
Hours Amount P/E Date Chk Date
80.00 1809.04 12/21/03 12/24/03

--Type-- Fn Dp Acct Sub Description
REGULAR 10 06 3220 001 REGULAR PAY

F3=Exit

F4=Prompt

F11=Switch View

Bottom
F12=Return

PR512C
TJMA\$ON

Emp' yee Check info

Date: 1/21/04
Time: 16:20:29

Co Employee# Name
10 320 EVANS BRETT L
Check Date : 12/12/2003
Check Number: 1546675 Type: R
Check Gross : 1809.04

---Specific Selection for Employee---
Fn Dp Acct Sub Check Date Range

(any portion) From _____
To _____

or Pay Type: -
80.00 1,809.04 (Hours/Amount)
Hours Amount P/E Date Chk Date
REGULAR 10 06 3220 001 REGULAR PAY 64.00 1447.23 12/07/03 12/12/03
HOLIDAY 10 06 3220 205 HOLIDAY LEAVE 16.00 361.81 12/07/03 12/12/03

--Type-- Fn Dp Acct Sub Description
REGULAR 10 06 3220 001 REGULAR PAY
HOLIDAY 10 06 3220 205 HOLIDAY LEAVE

F3=Exit

F4=Prompt

F11=Switch View

Bottom
F12=Return

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE #	HIRE DATE	NAME: LAST FIRST MI			SOCIAL SECURITY NUMBER		
320	5/4/87	EVANS, BRETT L			[REDACTED]		
ADDRESS			CITY		STATE	ZIP CODE	
DOB	PHONE NUMBER		DRIVER'S LICENSE		EXP. DATE	CLASS	
DEPT. #	DEPARTMENT		SEX	RACE	LOCATION	GROUP	COLA
600	POLICE						
POS. #	TITLE		COST CENTER		HOURLY	STD. HRS	GRADE
628	CAPTAIN		3210		23.0653		
NEW POS. #	NEW DEPARTMENT		NEW TITLE			NEW COST CENTER	

EFFECTIVE DATE: 12-08-03

APPOINTMENTS:

- ☐ NEW EMPLOYEE
☐ RE-EMPLOY
☐ TEMPORARY/PART TIME
☐ RE-INSTATE

PAY CHANGES:

GRADE _____

HOURLY 23.5266

BY WEEKLY 1882.13

ANNUAL 48,935.34

ACTIONS:

- ☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFIED

COMMENTS: _____

Backpay: 73.09

ADJUSTMENTS:

- ☒ PERFORMANCE EVALUATION 2 %
☐ OTHER _____

HOURLY	W4 M/S	EXEMPT.	G4 M/O/S/H	EXEMPT.

G. HARRIS

EMPLOYMENT/BENEFITS SPECIALIST

DIRECTOR

0.0000 *

23.0653 +

22.6130 -

0.4523 *

0.4523 x

80. =

36.1840

0.0000 *

23.5266 +

23.0653 -

0.4613 *

0.4613 x

80. =

36.9040

0.0000 *

36.1840 +

36.9040 +

73.0880 *

0.0000 *

0.0000 *

23.0653 x

2.080. =

47.975.8240

47.975.824 x

2. %

959.5165 +

48.935.3405 +%

48.935.3405 ÷

26. =

1.882.1285

1.882.1285 ÷

80. =

23.5266

23.5266 +

23.0653 -

0.4613 *

0.0000 *

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(478) 929-1111 FAX (478) 929-1957

RECEIVED

JAN 09 2003

PAYROLL

MAYOR

Donald S. Walker

**MEMBERS OF
COUNCIL**

Grady Clemonts
Dean Cowart
Ray Golden
Terry B. Horton
Frank N. Jones
Matt Stone

CITY CLERK

Carolyn J. Robbins

CITY ATTORNEY

James E. Elliott, Jr.

TO: Toni J. Mason, Payroll

FROM: Mayor Donald S. Walker


DATE: December 23, 2003

SUBJ: Performance Increase for Directors

Please add the Performance Increase to all Department Heads
effective the December 24, 2003 payroll as was budgeted. Please add
the increase in the amount of 2 % to the following:

Chief Brett Evans

Police Department



Mayor Donald S. Walker

Date

PERSONNEL ACTION RECORD CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE # 320		COST CENTER 3220		POSITION # 628	
NAME (LAST) EVANS, BRETT L		(FIRST)	(M)	DEPT.NO. 600	SOCIAL SECURITY NUMBER [REDACTED]
STREET ADDRESS			CITY		STATE ZIP
HIRE DATE 5-04-87		DATE OF BIRTH		PHONE #	SEX RACE
DEPT. POLICE	JOB TITLE CAPTAIN		SALARY	HOURLY 22.1696	BI-WEEKLY GRADE
TRANSFER TO DEPT.		JOB TITLE		NEW POSITION #	

EFFECTIVE DATE 6-28-03

APPOINTMENTS:
☐ NEW EMPLOYEE
☐ RE-EMPLOYED
☐ TEMPORARY / PART-TIME
☐ RE-INSTATE

PAY CHANGES:
GRADE _____

HOURLY 22.6130

BI-WEEKLY 1809.04

ANNUAL 47,035.02

ACTIONS:
☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFICATION

COMMENTS: ABOVE

BACKPAY: 319.22

ADJUSTMENTS:
☒ PERFORMANCE EVALUATION 2 %
☐ OTHER _____

HOURLY PAY	W-4 M/S	W-4 EXMPTIONS	G-4 M/S	G-4 EXMPTIONS
EMPLOYEE/BENEFITS SPECIALIST G. HARRIS			HUMAN RESOURCES DIRECTOR	

0.0000 *

22.1696 x

2.080. =

46,112.7680

46,112.768 x

2. %

922.2554 +

47,035.0234 +%

47,035.0234 ÷

26. =

1,809.0394

1,809.0394 ÷

80. =

22.6130

22.6130 +

22.1696 -

0.4434 *

0.0000 *

EVANS BRETT L

REVIEW DATE: 6/28/2003

NEW PAY RATE: 22.6130

Loc	P/E Date	Actual Date	CD	Description	Hrs	Old Rate	Old Pay	New Pay	Diff
60	7/06/03	6/23/03	HL	HOLIDAY LEAVE REGULA	8.00	22.1696	177.36	180.90	3.54
60	7/06/03	6/23/03	01	REGULAR TIME	72.00	22.1696	1596.21	1628.14	31.93
60	7/20/03	7/07/03	01	REGULAR TIME	80.00	22.1696	1773.57	1809.04	35.47
60	8/03/03	7/21/03	AL	ANNUAL LEAVE	8.00	22.1696	177.36	180.90	3.54
60	8/03/03	7/21/03	01	REGULAR TIME	72.00	22.1696	1596.21	1628.14	31.93
60	8/17/03	8/04/03	01	REGULAR TIME	80.00	22.1696	1773.57	1809.04	35.47
60	8/31/03	8/18/03	01	REGULAR TIME	80.00	22.1696	1773.57	1809.04	35.47
60	9/14/03	9/01/03	AM	ADMINISTRATIVE LEAVE	8.00	22.1696	177.36	180.90	3.54
60	9/14/03	9/01/03	HL	HOLIDAY LEAVE REGULA	8.00	22.1696	177.36	180.90	3.54
60	9/14/03	9/01/03	01	REGULAR TIME	64.00	22.1696	1418.85	1447.23	28.38
60	9/28/03	9/15/03	TT	TRAINING TIME	40.00	22.1696	886.78	904.52	17.74
60	9/28/03	9/15/03	01	REGULAR TIME	40.00	22.1696	886.78	904.52	17.74
60	10/12/03	9/29/03	01	REGULAR TIME	80.00	22.1696	1773.57	1809.04	35.47
60	10/26/03	10/13/03	AM	ADMINISTRATIVE LEAVE	8.00	22.1696	177.36	180.90	3.54
60	10/26/03	10/13/03	HL	HOLIDAY LEAVE REGULA	8.00	22.1696	177.36	180.90	3.54
60	10/26/03	10/13/03	TT	TRAINING TIME	40.00	22.1696	886.78	904.52	17.74
60	10/26/03	10/13/03	01	REGULAR TIME	24.00	22.1696	532.07	542.71	10.64

TOTAL BACKPAY: 319.22

PERFORMANCE SUMMARY AND YEAR END RATING

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

PERFORMANCE STRENGTHS

Capt. Evans works very hard at maintaining the reputation of the Criminal Investigation Division. He strives to keep the officers and administration informed and always tries to pull individuals together as a team. Capt. Evans takes great pride in the appearance, knowledge, training and dedication of each detective assigned to him and strives for constant improvement within the unit. Capt. Evans delegates assignments and authority to the supervisors under his command without relinquishing the responsibility. Capt. Evans maintains an "open door" for anyone, officer or public, who may want to give or receive advise or assistance. Capt. Evans has demonstrated his ability to oversee major investigations thoroughly.

PERFORMANCE NEEDS

- 1- Capt. Evans needs to strive towards attaining a graduate degree.
- 1- Capt. Evans needs to keep the Chief and Assistant Chief constantly advised of situations of importance.

RELATED ACTION PLANS

- 1- Capt. Evans will research the available options for graduate study.
- 2- Capt. Evans will be advised of times in which he failed to keep staff advised of information.

Overall Performance Rating by Supervisor

Above

At

Below

/

2%

MAYOR

Supervisor

Date

Dept. Director

Date

Employee

Date

Employee's Comments:

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE # 320		COST CENTER		POSITION # 628	
NAME (LAST) Evans, Brett L		(FIRST)	(M)	DEPT. NO. 600	SOCIAL SECURITY NUMBER [REDACTED]
STREET ADDRESS			CITY		STATE ZIP
HIRE DATE 5-04-87		DATE OF BIRTH		PHONE #	SEX RACE
DEPT. Police	JOB TITLE Police Captain		SALARY	HOURLY 21.3087	BI-WEEKLY GRADE
TRANSFER TO DEPT.		JOB TITLE		NEW POSITION #	

EFFECTIVE DATE

06-24-02

APPOINTMENTS:

☐ NEW EMPLOYEE
☐ RE-EMPLOYED
☐ TEMPORARY / PART-TIME
☐ RE-INSTATE

PAY CHANGES:

GRADE _____

HOURLY 21.7349

BI-WEEKLY 1738.79

ANNUAL 45,208.54

ACTIONS:

☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFICATION

9-11-02
[Signature]

COMMENTS: ABOVE

Backpay: 170.48

ADJUSTMENTS:

☒ PERFORMANCE EVALUATION 2 %
☐ OTHER _____

HOURLY PAY	W-4 M/S	W-4 EXMPTIONS	G-4 M/S	G-4 EXMPTIONS
EMPLOYEE/BENEFITS SPECIALIST G. Harris			HUMAN RESOURCES DIRECTOR <i>[Signature]</i>	

	0.0000	*
7-12-02	80.0000	+
7-26-02	80.0000	+
8-09-02	80.0000	+
8-23-02	80.0000	+
9-06-02	80.0000	+
	400.0000	*

	0.0000	*
	21.3087	x
	2,080.	=
	44,322.0960	
	44,322.096	x
	2.	%
	886.4419	+

	45,208.5379	+%
	45,208.5379	÷
	26.	=
	1,738.7899	
	1,738.7899	÷
	80.	=
	21.7349	

	21.7349	+
	21.3087	-
	0.4262	*

	0.4262	x
	400.	=
Backup →	170.4800	
	<u> </u>	
	0.0000	*

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

PERFORMANCE STRENGTHS

Capt. Evans works very hard at maintaining the reputation of the Criminal Investigation Division. He strives to keep the officers and administration informed and always tries to pull individuals together as a team. Capt. Evans takes great pride in the appearance, knowledge, training and dedication of each detective assigned to him and strives for constant improvement within the unit. Capt. Evans delegates assignments and authority to the supervisors under his command without relinquishing the responsibility. Capt. Evans maintains an "open door" for anyone, officer or public, who may want to give or receive advice or assistance. Capt. Evans has demonstrated his ability to oversee major investigations thoroughly.

PERFORMANCE NEEDS

- 1- Capt. Evans needs to strive towards attaining a graduate degree.
- 1- Capt. Evans needs to keep the Chief and Assistant Chief constantly advised of situations of importance.

RELATED ACTION PLANS

- 1- Capt. Evans will research the available options for graduate study.
- 2- Capt. Evans will be advised of times in which he failed to keep staff advised of information.

Overall Performance Rating by Supervisor


Above


At

Below

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

2.00


MAYOR

Supervisor 

Date _____

Dept. Director 

Date 8-27-02

Employee 

Date 8/27/02

Employee's Comments: 

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE # 320		COST CENTER		POSITION #	
NAME (LAST) Evans,		(FIRST) Brett		(M) L	DEPT.NO. 600
				SOCIAL SECURITY NUMBER [REDACTED]	
STREET ADDRESS		CITY		STATE	ZIP
HIRE DATE 05-04-87		DATE OF BIRTH		PHONE #	
				SEX	RACE
DEPT. Police	JOB TITLE Captain		SALARY	HOURLY 20.4813	BI-WEEKLY
TRANSFER TO DEPT.		JOB TITLE		NEW POSITION #	

EFFECTIVE DATE 06-25-01

APPOINTMENTS:
☐ NEW EMPLOYEE
☐ RE-EMPLOYED
☐ TEMPORARY / PART-TIME
☐ RE-INSTATE

PAY CHANGES:
GRADE _____

HOURLY \$ 20.8909

BI-WEEKLY \$ 1671.27

ANNUAL \$ 43,453.13

ACTIONS:
☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFICATION

COMMENTS: ABOVE

06/28/2001
DLS

ADJUSTMENTS:
☒ PERFORMANCE EVALUATION 2 %
☐ OTHER _____

HOURLY PAY	W-4 M/S	W-4 EXMPTIONS	G-4 M/S	G-4 EXMPTIONS
EMPLOYEE/BENEFITS SPECIALIST Gaye Harris			HUMAN RESOURCES DIRECTOR	

0.0000 *

20.4813 x

2.080. =

42,601.1040

42,601.104 x

2. %

852.0221 +

43,453.1261 +%

43,453.1261 ÷

26. =

1,671.2741

1,671.2741 ÷

80. =

20.8909

20.8909 +

20.4813 -

0.4096 *

U-2

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

Capt. Evans works very hard at maintaining the reputation of the Criminal Investigation Division. He strives to keep the officers and administration informed and always tries to pull individuals together as a team. Capt. Evans takes great pride in the appearance, knowledge, training and dedication of each detective assigned to him and strives for constant improvement within the unit. Capt. Evans delegates assignments and authority to the supervisors under his command without relinquishing the responsibility. Capt. Evans maintains an "open door" for anyone, officer or public, who may want to give or receive advice or assistance. Capt. Evans has demonstrated his ability to oversee major investigations thoroughly.

1. Capt. Evans needs to strive towards attaining a graduate degree.
2. Capt. Evans needs to keep the Chief and Assistant Chief constantly advised of situations of importance.

1. Capt. Evans will research the available options for graduate study.
2. Capt. Evans will be advised of times in which he failed to keep staff advised of information.

Overall Performance Rating by Supervisor

Above

At

Below

✓

2 7/10

Donald D. Walker
 BYOR

Supervisor _____

Date _____

pt. Director J. L. Hunt

Date 6-1-01

Employee Capt. Evans

Date 6/6/01

Employee's Comments: _____

PR082C
DSIGNER

Work with Employee Master Page 1

6/29/01
11:01:26

Company #: 10 Employee# 320

Activity Code: _____ Reason: _____
Activity Date: _____

Alpha Sequence : EVANS
Employee Name : EVANS, BRETT L Time clock#: 0000
Address Line 1 : _____
Address Line 2 : _____
City : _____ State: _____ Zip: _____
Social Security# : _____ DL#: 058393800 DL St: GA Class: CM
Pay Period : BW (WE,BW,SM,MO) DL Exp Dt: 11/20/2002 New Promotion/
Std Hrs/Period : 80.00 Insurance: _____ Job Raise Date
Hourly Rate : 20.8909 Correction?: _____ Max Rate : 22.34
State Working In : GA Job: 628 POLICE CAPTAIN New Pay Rate
Spouse Name : _____
Race : B Salary/Hourly : H Enter this rate
Sex : M Employee Status : A Only if to be
Termination Code : _____ Date Terminated : _____ applied later
Retire (E/I/M/V/Z) : V OverRide Retirement %: _____
Vacation Class : 2 941 Code (Y/N) : _____
Comp Code (Y/N) : Y

F2=Ded Info F3=Exit F4=Prompt F5=Benefits F7-Misc F8=Training F9=YTD Info
F10=Extra Info F11=Delete F12=Cancel

Page Down

PERSONNEL ACTION RECORD CITY OF WARNER ROBINS, GEORGIA

EMPLOYEE # 320		COST CENTER 3221		POSITION # 0066000059404	
NAME (LAST) Evans, Brett		(FIRST) L.		DEPT. NO. 600	SOCIAL SECURITY NUMBER [REDACTED]
STREET ADDRESS			CITY		STATE GA
					ZIP 30106
HIRE DATE 5-4-87		DATE OF BIRTH		PHONE #	
DEPT. 600		JOB TITLE Captain		SALARY	HOURLY \$20.0797
					BI-WEEKLY \$1638.50
TRANSFER TO DEPT.		JOB TITLE		NEW POSITION #	

EFFECTIVE DATE

6-26-00

APPOINTMENTS:

☐ NEW EMPLOYEE
☐ RE-EMPLOYED
☐ TEMPORARY / PART-TIME
☐ RE-INSTATE

PAY CHANGES:

GRADE

HOURLY **\$20.4813 (+.4016)**

BI-WEEKLY **\$1638.50**

ANNUAL **\$42,601.09**

COMMENTS:

ABOVE
Backpay \$634.34

ACTIONS:

☐ CLASSIFIED STATUS
☐ TRANSFER
☐ PROMOTION
☐ DEMOTION
☐ RECLASSIFICATION

ADJUSTMENTS:

☒ PERFORMANCE EVALUATION **2** %
☐ OTHER

HOURLY PAY	W-4 M/S	W-4 EXMPTIONS	G-4 M/S	G-4 EXMPTIONS
EMPLOYEE/BENEFITS SPECIALIST [Signature]		HUMAN RESOURCES DIRECTOR		

Reg. Hrs B-4COWA

(2000)	0.0000	*
--------	--------	---

7-14 { 24.0000 +
40.0000 ÷
16.0000 +

7-28 { 72.0000 +
8.0000 +

8-11	{	72.0000	+
		8.0000	+

$$8-25 \left\{ \begin{array}{l} 32.0000 \\ 40.0000 \\ 8.0000 \end{array} \right. \begin{array}{l} + \\ + \\ + \end{array}$$

900	80.0000	+
-----	---------	---

9-22 $\begin{cases} 72.0000 \\ 8.0000 \end{cases}$ $\begin{matrix} + \\ + \end{matrix}$

10-06 { 72.0000 +
8.0000 +

10-20 { 72.0000 +
8.0000 +

11-03 $\begin{cases} 72.0000 \\ 8.0000 \end{cases}$ $\begin{matrix} + \\ + \end{matrix}$

11-17 } 70.0000 +
8.0000 +

17-01 S 2.0000
64.0000

1201 { 16.0000

12-15 - 80' 00000 +

12-29 { 40 * 0000 +
40 * 0000 +

1 2 0 4 0 . 0 0 0 0 *

Backpay	1,040.	x
B-4 salary	0.3937	=
	409.4480	

0-0000 *

Reg. Hrs after (a)

01-12-01 { 32.0000 +
24.0000 +
2.0000 .

	- 24.0000	+	
01-26	{	48.0000	+
		8.0000	+
		16.0000	+
		8.0000	+
02-09	- 80.0000	+	
02-23	- 80.0000	+	
03-09	{	72.0000	+
		8.0000	+
3-23	- 80.0000	+	
04-06	- 80.0000	+	
	560.0000	*	
	=		
	0.0000	*	

	20.0797	x
	2.080.	=
	41.765.7760	

	41.765.776	x
	2.	%
	835.3155	+

	42.601.0915	+%
--	-------------	----

	42.601.0915	÷
	26.	=
	1.638.5035	

	1.638.5035	÷
	80.	=
	20.4813	

	20.4813	+
	20.0797	-
	0.4016	*

	0.4016	x
	560.	=
	224.8960	

	0.0000	*
--	--------	---

	0.3937	x
	1.040.	=
	409.4480	

Total Backpay	409.4480	+
	224.8960	+
	634.3440	*

PERFORMANCE SUMMARY AND YEAR-END RATING

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

PERFORMANCE STRENGTHS

Capt. Evans works very hard at maintaining the reputation of the Criminal Investigation Division. He strives to keep the officers and administration informed and always tries to pull individuals together as a team. Capt. Evans takes great pride in the appearance, knowledge, training and dedication of each detective assigned to him and strives for constant improvement within the unit. Capt. Evans delegates assignments and authority to the supervisors under his command without relinquishing the responsibility. Capt. Evans maintains an "open door" for anyone, officer or public, who may want to give or receive advice or assistance. Capt. Evans finished the FBI National Academy with a 3.83 GPA.

PERFORMANCE NEEDS

1. Capt. Evans needs to strive towards attaining a graduate degree.
2. Capt. Evans needs to keep the Chief and Assistant Chief constantly advised of situations of importance.

RELATED ACTION PLANS

1. Capt. Evans will research the available options for graduate study.
2. Capt. Evans will be advised of times in which he failed to keep staff advised information.

Overall Performance Rating by Supervisor

Above

At

Below

✓

2 7/10

Donald M. Walker
 AYOR _____ DATE _____

Supervisor _____ Date _____

Dept. Director [Signature] Date 3-23-01

Employee [Signature] Date 3/23/01

Employee's Comments: I APPRECIATE ALL THE OPPORTUNITIES
THE DEPARTMENT HAS GIVEN ME.

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

NAME (LAST)	(FIRST)	(M)	DEPT. NO.	SOCIAL SECURITY NUMBER
Evans	Brett	L	600	[REDACTED]

STREET ADDRESS	CITY	STATE	ZIP

HIRE DATE	DATE OF BIRTH	FUNCTION	CATEGORY	SEX	RACE

PRESENT DEPT.	JOB TITLE	SALARY	HOURLY	BIWEEKLY	GRADE
		18.9198			12

CHANGE TO DEPT.	JOB TITLE	CLASS NO.

EFFECTIVE DATE: 5-17-99

APPOINTMENTS:

- ☐ New Employee
- ☐ Re-employed
- ☐ Temporary/Part-time
- ☐ Re-instatement

ACTIONS:

- ☐ Classified Status
- ☐ Transfer
- ☐ Promotion
- ☐ Demotion
- ☐ Reclassification

ADJUSTMENTS

- ☒ Performance Evaluation 2 % Above
- ☐ Other _____

PAY CHANGE:

GRADE 19.2982

HOURLY 19.3000 .0018

BIWEEKLY 1543.85

ANNUAL 40,140

COMMENTS:

10pp back pay

824 hrs + 2.5 OT 314.71

HOURLY PAY	M/S	FED.	ST.	ST.

11/9/99
(M)

EMPLOYMENT/BENEFITS MANAGER

#320

006600059702

HUMAN RESOURCES DIRECTOR

C

0. ♢

18.9198 ×

2.080. =

39.353.1840 ♢

39.353. ×

2. %

787.0600 ◇

787.0600 +

40.140.0600

40.140. ÷

26. =

1.543.8462 ♢

1.544. ×

1. ÷

80. =

19.3000 ♢

19.3000 +

18.9198 -

0.3802 ♢

0.3802 ×

824. =

313.2848 ♢

19.30 ×

1.5 =

28.9500 ♢

18.9198 ×

1.5 =

28.3797 ♢

28.3797 -

28.9500 -

28.9500 +

28.9500 +

0.5703 ◇

0.5703 ×

2.5 =

1.4258 ♢

1.4258 +

313.2848 +

314.7106 ♢

PERFORMANCE SUMMARY AND YEAR-END RATING

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

PERFORMANCE STRENGTHS

Lt Evans is very personable and maintains good relations with other units within the Department. He is generally well liked by his subordinates. His teaching expertise is valued by the staff at the Macon LETC and he is utilized to teach at every mandate class. Lt. Evans is always willing to stay as long as it takes to get the job done and helps to foster a relaxed atmosphere in the workplace. Lt. Evans possesses a degree of computer expertise which has been very helpful to the Department as it undergoes further modernization. He is able to troubleshoot many minor problems and restore service without undue delays.

PERFORMANCE NEEDS

Lt. Evans needs additional experience/expertise in conducting and supervising criminal investigations.

Lt Evans needs to broaden his teaching expertise.

Lt. Evans is to attend the FBI National Academy. *R. or A S*

RELATED ACTION PLANS

OJT; mentoring by Supervisors; classes

Attend advanced IT classes; teach different courses.

Successful completion of the NA curriculum.

Overall Performance Rating by Supervisor

Above

At

Below

✓

270

10/8 80
9/24 80
9/10 80
8/27 72
8/13 80
7/30 80
7/16 80
7/2 860 2.5
6/18 98
6/04 80

816 2.5 8

824 + 2.5 OT

Supervisor

Dept. Director

Employee

Date

Date

Date

Employee's Comments:

Thank you for the opportunities this department has provided.

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

NAME (LAST) <i>Evans</i>	(FIRST) <i>Brett</i>	(M) 	DEPT. NO. <i>600</i>	SOCIAL SECURITY NUMBER <div style="background-color: black; width: 100px; height: 1.2em;"></div>
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STREET ADDRESS 	CITY 	STATE 	ZIP
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HIRE DATE <i>5-4-87</i>	DATE OF BIRTH <div style="background-color: black; width: 50px; height: 1.2em;"></div> <i>-64</i>	FUNCTION 	CATEGORY 	SEX <i>M</i>	RACE <i>W</i>
----------------------------	--	--------------	--------------	-----------------	------------------

<i>Police</i>	<i>Lt.</i>		<i>17.1998</i>		<i>11</i>
PRESENT DEPT.	JOB TITLE		SALARY HOURLY	BIWEEKLY	GRADE
	<i>Capt</i>		<i>594</i>		
CHANGE TO DEPT.	JOB TITLE		CLASS NO.		

EFFECTIVE DATE: *6-28-99*

APPOINTMENTS:

- ☐ New Employee
- ☐ Re-employed
- ☐ Temporary/Part-time
- ☒ Re-instatement

ACTIONS:

- ☐ Classified Status
- ☐ Transfer
- ☒ Promotion
- ☐ Demotion
- ☐ Reclassification

7-13-99
2am

ADJUSTMENTS

- ☐ Performance Evaluation _____ %
- ☐ Other _____

PAY CHANGE:

GRADE *12*

HOURLY *18.9198*

BIWEEKLY *1513.58*

ANNUAL *39,353.14*

COMMENTS:

10% pay increase

HOURLY PAY <i>1</i>	M/S 	FED. 	ST. 	ST.
------------------------	---------	----------	---------	---------

1B JHL
EMPLOYMENT/BENEFITS MANAGER

Reed Smith
HUMAN RESOURCES DIRECTOR

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111 FAX (912) 929-1957

MAYOR
Donald S. Walker

**MEMBERS OF
COUNCIL**
Philip I. Campbell, Sr.
Grady Clements
Dean Cowart
Ray Golden
Terry B. Horton
Jimmy Selph

CITY CLERK
Clayton P. Mays

CITY ATTORNEY
James E. Elliott, Jr.

To: All Personnel
From: Chief Daniel M. Hart *DMH*
Date: June 24, 1999
Subj: **PROMOTIONS AND TRANSFERS**

The following promotions and transfers will be effective immediately:

Lt. Brett Evans to Captain CID
Lt. Bill Capps to Captain STOP
Sgt. Lance Watson to Lieutenant NIU
No # Sgt. Galen Noll to Lieutenant IDC *Spultz 127*
Off. John Lanneau to Sergeant IDC
Off. Jeff McCommon to Sergeant STOP
Off. Porter Wood to Sergeant School Liaisons
Off. Malcolm Miller to Sergeant School Liaisons

Capt. Steve Lynn transferred to Strategic Analysis
Det. Mike Earl transferred to Training
Off. Mark Morini transferred to CID

DMH/hp

CC: Affected Employees
Personnel Orders
~~Human Resources~~

RECEIVED

JUN 25 1999

WARNER ROBINS
HUMAN RESOURCES DEPT

PROMOTION/UPGRADE

Regular Full Time Employees

NAME	Brett Evans	FROM	TO				
Effective Date	06/28/99						
Type of Change	Promotion	Lieutenant	Captain				
Current Rate of Pay	Current Annual Pay (x 2080)	Amount of Increase	\$ Amount Increase	New Amt Annual	New Amt Biweekly	Divide by 80	New Amt Hourly
17.1998	\$35,775.58	10%	3,577.56	39,353	1,513.58		18.9198

Calculation of Back Pay

Difference*	No. of Pay Periods	Back Pay
\$137.60	0	\$0.00

*Difference is based on an 80 hour payperiod.
No overtime is calculated. Verify number of hours worked.

Prepared By: Toni J. Mason
Date 07/13/99

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

NAME (LAST)	(FIRST)	(M)	DEPT. NO.	SOCIAL SECURITY NUMBER
Evans	Brett	L	600	[REDACTED]

STREET ADDRESS	CITY	STATE	ZIP

HIRE DATE	DATE OF BIRTH	PHONE	SEX	RACE

PRESENT DEPT. _____ JOB TITLE _____ SALARY 15.3250 HOURLY BIWEEKLY GRADE _____

CHANGE TO DEPT. _____ JOB TITLE _____ CLASS NO. _____

EFFECTIVE DATE: 6-30-98

APPOINTMENTS:

- ☐ New Employee
- ☐ Re-employed
- ☐ Temporary/Part-time
- ☐ Re-instatement

ACTIONS:

- ☐ Classified Status
- ☐ Transfer
- ☐ Promotion
- ☐ Demotion
- ☐ Reclassification

PAY CHANGE:

GRADE _____

HOURLY 16.8625

BIWEEKLY 1348.62

ANNUAL 35,064

7-21-98

COMMENTS: _____

ADJUSTMENTS:

- ☒ Performance Evaluation _____ %
- ☒ Other PA 10%

1 pp back pay 123.00

HOURLY PAY	M/S	FED.	ST.	ST.

EMPLOYMENT/BENEFITS MANAGER

HUMAN RESOURCES DIRECTOR

184.0000 +

522.0000 +

C

0. *

15.3250 x

2.080. =

31.876.0000 *

31.876. x

10. %

3.187.6000 ◇

3.187.6000 +

35.063.6000

35.064. ÷

26. =

1.348.6154 *

1.349. ÷

80. =

16.8625 *

16.8625 +

15.3250 -

1.5375 *

1.5375 x

80. =

123.0000 *

M E M O R A N D U M

To: Mr. Roy Griffis

From: Edna Bateman

EB

Subject: Pay Increases

Date: July 20, 1998

The following employees of the Warner Robins Police Department are to be given 10% pay increases effective July 1, 1998:

Colonel Thomas Batchelor

Brett Evans

Bill Capps

Walter Battie

If you have any questions or would like additional information, please do not hesitate to contact me. Thank you for your assistance.

cc: File

008301-[REDACTED]

PEBSO

05/29/1998 15:10:39

WARNER ROBINS
PUBLIC EMPLOYEE DEFERRED COMPENSATION PROGRAM
PARTICIPATION AGREEMENT

Social Security Number: [REDACTED]
Name: BRETT L EVANS
Address: [REDACTED]
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]
Home Phone: [REDACTED]
Work Phone: (912) 929-1170
Date of Birth: [REDACTED]/1964

Entity Number: 008301
Address: WARNER ROBINS, GA
Department:
Occupation: POLICE OFFICER
Annual Compensation: \$27,996.80

+-----+
I Last Deferral: \$50.00
I
I New Deferral: \$80.00 Periods/Year: 26.0
I
I Start Deferrals On: 07/01/1998
+-----+

I have read and understand each of the items detailed both here and on the Memo of Understanding. I understand that the statements do not cover all the details of the plan or products.

I hereby authorize the use of electronic transmission for account set-up and changes. I also authorize my employer to reduce my salary by the above amount.

Participant Signature *Brett Evans* Date 05/29/1998

Enroller Signature *Peggy M Crane* Date 5/29/98

Registered Principal _____ Date _____

Accepted For Entity _____ Date _____

The Plan charges will not exceed:

Administration Charge of \$0.00

Variable

Service Charge of 0.0%

Asset Fees of 0.95%

Exchanges and/or transfers of money from the fixed account may not exceed 2 per year and 20% of my fixed account value.

PROCESSED
HUMAN RESOURCES
DATE 7/7/98

RECEIVED

JUL 6 1998

WARNER ROBINS
HUMAN RESOURCES DEPT

PERSONNEL ACTION RECORD CITY OF WARNER ROBINS, GEORGIA

NAME (LAST) <i>Evans</i>	(FIRST) <i>Brett</i>	(MI) <i>L</i>	DEPT. NO. <i>600</i>	SOCIAL SECURITY NUMBER <div style="background-color: black; width: 100px; height: 1.2em;"></div>
-----------------------------	-------------------------	------------------	-------------------------	---

STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

HIRE DATE	DATE OF BIRTH	FUNCTION	CATEGORY	SEX	RACE
-----------	---------------	----------	----------	-----	------

PRESENT DEPT.	JOB TITLE	SALARY	HOURLY	BIWEEKLY	GRADE
			<i>15.0195</i>		<i>11</i>

CHANGE TO DEPT.	JOB TITLE	CLASS NO.

EFFECTIVE DATE: *5-18-98*

APPOINTMENTS:

- ☐ New Employee
- ☐ Re-employed
- ☐ Temporary/Part-time
- ☐ Re-instatement

PAY CHANGE:

GRADE _____

HOURLY *15.3250*

BIWEEKLY *1,225.62*

ANNUAL *31,866*

ACTIONS:

- ☐ Classified Status
- ☐ Transfer
- ☐ Promotion
- ☐ Demotion
- ☐ Reclassification

6-1-98

COMMENTS:

Above

ADJUSTMENTS:

- ☒ Performance Evaluation *2* %
- ☐ Other _____

HOURLY PAY	M/S	FED	ST	ST
------------	-----	-----	----	----

Doni M. Mahan
EMPLOYMENT/BENEFITS MANAGER

HUMAN RESOURCES DIRECTOR

C

C

15.0195 *
2.080. =
31.240.5600 *

31.241. *
2. %
624.8200 *
624.8200 +
31.865.8200

31.866. ÷
26. =
1.225.6154 *

1.226. ÷
80. =
15.3250 *

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

NAME (LAST) <i>Evans</i>	(FIRST) <i>Brett</i>	(MI) <i>L</i>	DEPT. NO. <i>91000</i>	SOCIAL SECURITY NUMBER
-----------------------------	-------------------------	------------------	---------------------------	------------------------

STREET ADDRESS	CITY	STATE	ZIP
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HIRE DATE	DATE OF BIRTH	FUNCTION	CATEGORY	SEX	RACE
-----------	---------------	----------	----------	-----	------

<i>Police</i>	<i>Police Sergeant</i>				
PRESENT DEPT.	JOB TITLE	SALARY	HOURLY	BIWEEKLY	GRADE

	<i>Police Lieutenant</i>				
CHANGE TO DEPT.	JOB TITLE	CLASS NO.			

EFFECTIVE DATE: 1-23-98

- APPOINTMENTS:**
- ☐ New Employee
 - ☐ Re-employed
 - ☐ Temporary/Part-time
 - ☐ Re-instatement

- ACTIONS:**
- ☐ Classified Status
 - ☐ Transfer
 - ☐ Promotion
 - ☐ Demotion
 - ☐ Reclassification
- 1-27-98*

- ADJUSTMENTS:**
- ☐ Performance Evaluation _____ %
 - ☐ Other _____

PAY CHANGE:

GRADE _____

HOURLY _____

BIWEEKLY _____

ANNUAL _____

COMMENTS: *See attached memo.*

Added one to authorized strength of Lt. Deleted one Sergeant's position.

HOURLY PAY	M/S	FED	ST	ST
------------	-----	-----	----	----

Jon M. Chaham

EMPLOYMENT/BENEFITS MANAGER

HUMAN RESOURCES DIRECTOR

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111 FAX (912) 929-1957

MAYOR

Donald S. Walker

MEMBERS OF COUNCIL

Philip I. Campbell, Sr.
Grady Clements
Dean Cowart
Terry B. Horton
Charles R. Holt, Sr.
Jimmy Selph

CITY CLERK

Clayton P. Mays

CITY ATTORNEY

James E. Elliott, Jr.

To: Mayor Donald Walker *DSW OK*

From: Chief Daniel M. Hart *DMH*

Date: January 23, 1998

Subj: **DEPARTMENT POSITIONS**

Per our conversation the following changes will need to be approved:

1. Assistant Chief of Police will carry the rank of Colonel (a job description will be forth coming).
2. Create an additional position to authorized strength as a Captain, Lt. Walter Battie will be promoted into this position.
3. Promote Sgt. Brenda Parks-Mathern to Lieutenant to fill the vacancy in Patrol created by Lt. Battie.
4. Reclassify one grade nine position to a grade 11 Lieutenant and promote Sgt. Bill Capps to Lieutenant in STOP.
5. Promote Officer Scott Webb to Sergeant in STOP to fill the vacancy created by Sgt. Capps' promotion.
6. Reclassify one grade 10 position in CID to a grade 11 Lieutenant. Promote Sgt. Brett Evans to this position as Lieutenant in CID.

DMH/hp

No pay changes mentioned at this time.
Spoke to both Clay May & Dan Hart.

Joni

1-26-98

PERSONNEL ACTION RECORD

CITY OF WARNER ROBINS, GEORGIA

NAME (LAST)	(FIRST)	(M)	DEPT. NO.	SOCIAL SECURITY NUMBER
Evans	Brett	L	600	[REDACTED]

STREET ADDRESS	CITY	STATE	ZIP

HIRE DATE	DATE OF BIRTH	FUNCTION	CATEGORY	SEX	RACE

PRESENT DEPT.	JOB TITLE	SALARY	HOURLY	BIWEEKLY	GRADE
		14.4330			
CHANGE TO DEPT.	JOB TITLE	CLASS NO.			

EFFECTIVE DATE: 5-19-97

- APPOINTMENTS:
- ☐ New Employee
 - ☐ Re-employed
 - ☐ Temporary/Part-time
 - ☐ Re-instatement

- ACTIONS:
- ☐ Classified Status
 - ☐ Transfer
 - ☐ Promotion
 - ☐ Demotion
 - ☐ Reclassification

ADJUSTMENTS

☒ Performance Evaluation 2 %

☐ Other _____

PAY CHANGE:

GRADE _____

HOURLY 14.7250

BIWEEKLY 1177.73

ANNUAL 30,621

COMMENTS:

At

HOURLY PAY	M/S	FED.	ST.	ST.

[Signature]

EMPLOYMENT/BENEFITS MANAGER

HUMAN RESOURCES DIRECTOR

C

14.4330 x

2.080. =

30.020.6400 *

30.021. x

2. %

600.4200 ◊

600.4200 +

30.621.4200

30.621. ÷

26. =

1.177.7308 *

1.178. ÷

80. =

14.7250 *

PERFORMANCE SUMMARY AND YEAR END RATING

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

PERFORMANCE STRENGTHS

Sgt Evans easy-going attitude and pleasing personality has gained him great loyalty and respect from his subordinates. His instructing ability and knowledge of Criminal Procedures and Pretrial Identification was a determining factor for his selection to teach police recruits at the regional Basic Mandate Training Center.

PERFORMANCE NEEDS

Sgt Evans needs to be prompt in documenting policy violations by subordinates and conduct follow-ups to insure compliance.

Sgt Evans needs to attend Supervision Course III and any Supervisory Management courses as soon as possible.

RELATED ACTION PLANS

To be closely monitored by the Watch Commander.

Sgt Evans will be scheduled to attend as the courses become available.

Overall Performance by Supervisor

Above
At
Below

✓

2 7/10

Supervisor Walter Rytter, LT

Date 04-29-97

Dept. Director Chief Dan Hart

Date 5-5-97

Employee Sgt Brett Evans

Date 042997

Employee's Comments: AFTER SUPERVISING FOR TWO YEARS NOW I SEE
HOW MUCH I STILL HAVE TO LEARN. I LOOK FORWARD TO
IMPROVING IN THE NEXT YEAR EVEN MORE.

cc payroll 5-8-97

PERSONNEL ACTION RECORD CITY OF WARNER ROBINS, GEORGIA

NAME (LAST) Evans	(FIRST) Brett	(MI) L	DEPT. NO. 600	SOCIAL SECURITY NUMBER [REDACTED]
-----------------------------	-------------------------	------------------	-------------------------	---

STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

HIRE DATE	DATE OF BIRTH	FUNCTION	CATEGORY	SEX	RACE
-----------	---------------	----------	----------	-----	------

PRESENT DEPT.	JOB TITLE	SALARY	HOURLY	BIWEEKLY	GRADE
			13.8638		

CHANGE TO DEPT.	JOB TITLE	CLASS NO.
-----------------	-----------	-----------

EFFECTIVE DATE: 5-20-96

APPOINTMENTS:

- ☐ New Employee
- ☐ Re-employed
- ☐ Temporary/Part-time
- ☐ Re-instatement

PAY CHANGE:

GRADE _____

HOURLY 14.15

BIWEEKLY 1131.31

ANNUAL 29,414

ACTIONS:

- ☐ Classified Status
- ☐ Transfer
- ☐ Promotion
- ☐ Demotion
- ☐ Reclassification

5-31-96

COMMENTS: _____

At

ADJUSTMENTS:

- ☒ Performance Evaluation 2 %
- ☐ Other _____

HOURLY PAY	M/S	FED	ST	ST
------------	-----	-----	----	----

Joni M. Latham
EMPLOYMENT/BENEFITS MANAGER

B. J. [Signature]
HUMAN RESOURCES DIRECTOR

C
0. *

13.8638 x
2.080. =
28.836.71 *

28.837. x
2. %
576.74 ◇
576.74 +
29.413.74

29.414. ÷
26. =
1.131.31 *

1.131.31 ÷
80. =
14.15 *

NOTICE OF EVALUATIONS DUE


TO: CHIEF DAN HART/600-POLICE

DATE: APRIL 16, 1996

The following Performance Evaluation(s) is/are due for the month of JUNE. Please submit it/them to the Human Resources Department no later than the DUE DATE given below.

[illegible]

Thank you,


J. Bryan Fobbus
Safety/Risk Manager

Chit Dan Hand 5/22
DIRECTOR'S AUTHORIZATION/DATE

CC: Paine

—

...0...

$$\begin{array}{r} 12,9432 \times \\ 2,080 = \\ 26,921.85 + \end{array}$$

$$\begin{array}{r} 26,922 \div \\ 26 = \\ 1,035.46 + \end{array}$$

$$\begin{array}{r} 26,922 \times \\ 104 = \\ 2,799,888.00 + \end{array}$$

$$\begin{array}{r} 27,999 \div \\ 2,080 = \\ 13.46 + \end{array}$$

$$\begin{array}{r} 27,999 \div \\ 26 = \\ 1,076.88 + \end{array}$$

**PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA**

NAME (LAST) <u>Evans</u>	(FIRST) <u>Brett</u>	(MI)	DEPT. NO. <u>600</u>	SOCIAL SECURITY NUMBER <u>[REDACTED]</u>
-----------------------------	-------------------------	------	-------------------------	---

STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

HIRE DATE	DATE OF BIRTH	FUNCTION	CATEGORY	SEX	RACE
-----------	---------------	----------	----------	-----	------

PRESENT DEPT. _____ JOB TITLE _____ SALARY 26,922 HOURLY 12.9432 BIWEEKLY 1035.46 GRADE 10

CHANGE TO DEPT. _____ JOB TITLE _____ CLASS NO. _____

EFFECTIVE DATE: 5-22-95

APPOINTMENTS:

- ☐ New Employee
- ☐ Re-employed
- ☐ Temporary/Part-time
- ☐ Re-instatement

PAY CHANGE:

GRADE 10

HOURLY 13.4600

BIWEEKLY 1076.88

ANNUAL 22,999

ACTIONS:

- ☐ Classified Status
- ☒ Transfer
- ☐ Promotion
- ☐ Demotion
- ☐ Reclassification

6-1-95

COMMENTS: at

ADJUSTMENTS:

- ☒ Performance Evaluation 4 %
- ☐ Other _____

HOURLY PAY	M/S	FED	ST	ST
------------	-----	-----	----	----

Joni M. Graham
EMPLOYMENT/BENEFITS MANAGER

Catherine C. [Signature]
HUMAN RESOURCES DIRECTOR

11•7664 X
2080• =
24474•112 *

24474• X
10• %
2447•4 *

24474•11 +
2447•4 +
02
26921•51 T

26922• =
26• =
1,035•461538 *

1,035•461538 =
80• =
12•94326922 *

PERSONNEL ACTION RECORD CITY OF WARNER ROBINS, GEORGIA

NAME (LAST) <u>Evans</u>	(FIRST) <u>Brett</u>	(MI) <u>L</u>	DEPT. NO. <u>600</u>	SOCIAL SECURITY NUMBER <u>[REDACTED]</u>
-----------------------------	-------------------------	------------------	-------------------------	---

STREET ADDRESS <u>[REDACTED]</u>	CITY <u>[REDACTED]</u>	STATE <u>[REDACTED]</u>	ZIP <u>[REDACTED]</u>
-------------------------------------	---------------------------	----------------------------	--------------------------

HIRE DATE <u>12</u>	DATE OF BIRTH <u>[REDACTED]</u>	FUNCTION <u>[REDACTED]</u>	CATEGORY <u>[REDACTED]</u>	SEX <u>[REDACTED]</u>	RACE <u>[REDACTED]</u>
------------------------	------------------------------------	-------------------------------	-------------------------------	--------------------------	---------------------------

PRESENT DEPT. <u>Police</u>	JOB TITLE <u>Police Officer</u>	SALARY <u>[REDACTED]</u>	HOURLY <u>[REDACTED]</u>	BIWEEKLY <u>913.84</u>	GRADE <u>9</u>
CHANGE TO DEPT. <u>Police</u>	JOB TITLE <u>Police Sergeant</u>	CLASS NO. <u>599</u>			

EFFECTIVE DATE: PP 3-27-95

APPOINTMENTS:

- ☐ New Employee
- ☐ Re-employed
- ☐ Temporary/Part-time
- ☐ Re-instatement

PAY CHANGE:

GRADE 10

HOURLY 12.9437

BIWEEKLY 1035.46

ANNUAL 26922.00

ACTIONS:

- ☐ Classified Status
- ☐ Transfer
- ☒ Promotion
- ☐ Demotion
- ☐ Reclassification

44-95

Can 2

COMMENTS: Promotion - 10% inc
attached letter

ADJUSTMENTS:

- ☐ Performance Evaluation _____ %
- ☐ Other _____

HOURLY PAY	M/S	FED	ST	ST
------------	-----	-----	----	----

Joni M. Graham 4-3-95
EMPLOYMENT/BENEFITS MANAGER

Charles J. King
HUMAN RESOURCES DIRECTOR

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111 FAX (912) 929-1957

MAYOR

Donald S. Walker

MEMBERS OF COUNCIL

Philip I. Campbell, Sr.
Grady Clemonts
William W. Douglas, Jr.
Terry B. Horton
Henrietta McIntyre
LaVerne S. Norris

CITY CLERK

Clayton P. Mays

CITY ATTORNEY

James E. Elliott, Jr.

To: Cathy Silengo, Director
Department of Personnel

From: Chief Daniel M. Hart
Police Department

Date: March 30, 1995

Subj: BRETT EVANS

I recommend Brett Evans receive a ten percent (10%) increase for his promotion to police sergeant.

hp

Quana
J

0.*

1.7398X

80.=

939.184*

939.184X

10.%

93.9184*

939.184*

939.184+

93.92-

845.264*

845.264÷

80.=

10.565P

**PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA**

SOCIAL SECURITY NUMBER										DEPT. #		NAME																													
										600		Evans, Brett L.																													
												(LAST)										(FIRST)										(MI)									

STREET ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY AND STATE										CODE (1C - 1E)									
										1C									

7-30-93

DEPARTMENT										JOB TITLE										PRESENT SALARY (if applicable)									
Police										Police Officer										GRADE: 09 BI-WEEKLY: 939.18									

DATE HIRED				DATE OF BIRTH				CLASS NO.				FUNCTION				CATEGORY				SEX				RACE			

Effective date It. 7-19-93

APPOINTMENTS:

<input type="checkbox"/>	New Employee
<input type="checkbox"/>	Re-employed
<input type="checkbox"/>	Temporary / Part-time
<input type="checkbox"/>	Re-instatement

PAY CHANGE:

GRADE	09
HOURLY	10.5658 ^{67.25} ²⁴⁵
BI-WEEKLY	219.76 ^{853.80}
ANNUAL	21,976.76 ^{22,198.80} ²⁴⁵

ACTIONS:

<input type="checkbox"/>	Classified Status
<input checked="" type="checkbox"/>	Transfer
<input type="checkbox"/>	Promotion
<input type="checkbox"/>	Demotion

COMMENTS: Transferred from
S111 Cancel 10% Specialist
Pay

ADJUSTMENTS:

<input type="checkbox"/>	Performance Evaluation	____%
<input type="checkbox"/>	Other	_____

M	S	F	E	D	S	T	P	T	R	T	F	D

INSURANCE				MISC. DED. 1				MISC. DED. 2			

HOURLY PAY				CODE (2C - 2E)			
				2C			

Ida Lee Durrah 7-30-93
BENEFITS SPECIALIST

Caroline S. Silvers
PERSONNEL DIRECTOR
8-2-93

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111

FAX (912) 929-1957

MAYOR
Ed Martin

MEMBERS OF COUNCIL

Curtis E. Dempsey
William W. Douglas, Jr.
John L. Havrilla
Henrietta McIntyre
William E. Mosteller, Jr.
LaVerne S. Norris

CITY CLERK
Clayton P. Mays

CITY ATTORNEY
James E. Elliott, Jr.

TO: All Personnel
FROM: Captain J. Britt *JB*
Acting Patrol Commander
DATE: July 15, 1993
SUBJ: Assignment/Watch Changes

The following changes in assignments and watches will be in effect on July 19, 1993:

From Special Investigations Unit:

Angel, Lisa report to Midnight Watch-2230 hours
Earl, Michael report to S.C.A.T. Team-1500 hours
Evans, Brett report to Evening Watch-1430 hours
Hornbostel, Mike report to Day Watch-0630 hours
Mathern, Albert report to Day Watch-0600 hours

From Day Watch:

Alexander, Michael report to Midnight Watch-2200 hours
Capps, Bill report to Midnight Watch-2200 hours

From Evening Watch:

Sadlo, Charles report to Midnight Watch-2200 hours

From Midnight Watch:

Battie, Walter report to Evening Watch-1400 hours
Brown, Harvey report to Day Watch-0600 hours
Carroll, Dean report to Day Watch-0630 hours

sbg

cc: All Watches Watch Level File
Personnel Office
P-File

✓
9600 x
6.0000 =
242.9600 *

23 243.0000 x
103.0000 =
2 394 029.000 *

23 940.0000 ÷
26.0000 =
920.7692 *

23 940.0000 ÷
2 080.0000 =
11.5096 *

✓
Brett Woods

**PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA**

SOCIAL SECURITY NUMBER			DEPT. #	NAME		
<div style="background-color: black; width: 100px; height: 20px;"></div>			760	Evans, Brett		
			(LAST)	(FIRST)	(MI)	

STREET ADDRESS

CITY AND STATE	CODE (1C - 1E)
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1C

DEPARTMENT	JOB TITLE	PRESENT SALARY (if applicable)
Police	Officer (SIV)	GRADE: 9 SP BI-WEEKLY: 893.96

DATE HIRED	DATE OF BIRTH	CLASS NO.	FUNCTION	CATEGORY	SEX	RACE
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>

Effective date 5-25-92

APPOINTMENTS:

<input type="checkbox"/>	New Employee
<input type="checkbox"/>	Re-employed
<input type="checkbox"/>	Temporary / Part-time
<input type="checkbox"/>	Re-instatement

PAY CHANGE:

GRADE	9
HOURLY	11.5096
BI-WEEKLY	920.76
ANNUAL	23,940.00

ACTIONS:

<input type="checkbox"/>	Classified Status
<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Promotion
<input type="checkbox"/>	Demotion

COMMENTS:

at

ADJUSTMENTS:

<input type="checkbox"/>	Performance Evaluation	%
<input checked="" type="checkbox"/>	Other	Costa 3%

M	S	F	E	D	S	T	P	T	R	T	F	D
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

HOURLY PAY	CODE (2C - 2E)
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	2C

INSURANCE	MISC. DED. 1	MISC. DED. 2
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>

Ala Lee Durak 5-29-92
BENEFITS SPECIALIST

Gatherine S. Silengo
PERSONNEL DIRECTOR
5-29-92

66.18 *

22 566. x
103. =
2 324 298. *

23 243. ÷
26. =
893.9615384 *

23 243. ÷
2 080. =
11.17451923 *

mid ✓

PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA

SOCIAL SECURITY NUMBER	DEPT. #	NAME
[REDACTED]	900	Evans, Brett
STREET ADDRESS		
CITY AND STATE		
CODE (TC - 1E)		
10		
DEPARTMENT	JOB TITLE	PRESENT SALARY (if applicable)
Polic	Officer (SIV)	
DATE HIRED	DATE OF BIRTH	GRADE: 9(SP)
[REDACTED]	[REDACTED]	BI-WEEKLY: 867.93
CLASS NO.	FUNCTION	CATEGORY
[REDACTED]	[REDACTED]	[REDACTED]
SEX	RACE	
[REDACTED]	[REDACTED]	
Effective date 5-27-91		

APPOINTMENTS:

- ☐ New Employee
☐ Re-employed
☐ Temporary / Part-time
☐ Re-instatement

ACTIONS:

- ☐ Classified Status
☐ Transfer
☐ Promotion
☐ Demotion

ADJUSTMENTS:

- ☒ Performance Evaluation 3 %
☐ Other

PAY CHANGE:

GRADE 9
HOURLY 11.1745
BI-WEEKLY 893.96
ANNUAL 23,243.00

COMMENTS:

at

M.S.	F.E.D.	S.T.	P.T.	R.T.	F.D.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
HOURLY PAY					
CODE (2C - 2E)					
20					

INSURANCE	MISC. DED. 1	MISC. DED. 2
[REDACTED]	[REDACTED]	[REDACTED]

Lee Murrak 6-7-91
FITS SPECIALIST

Catherine J. Selena
PERSONNEL DIRECTOR

87.3 x
26. =
20 469.8 *

20 470. x
104. =
2 128 880. *

21 289. ÷
26. =
818.8076923 *

21 289. ÷
2 080. =
10.23509615 *

Min ✓

**PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA**

SOCIAL SECURITY NUMBER	DEPT. #	NAME
[REDACTED]	700	Evans, Brett
	(LAST)	(FIRST) (MI)

STREET ADDRESS

[REDACTED]

CITY AND STATE	CODE (1C - 1E)
[REDACTED]	1C

DEPARTMENT	JOB TITLE	PRESENT SALARY (if applicable)
Police	Officer - 510	GRADE: 10 BI-WEEKLY: 787.30

DATE HIRED	DATE OF BIRTH	CLASS NO.	FUNCTION	CATEGORY	SEX	RACE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Effective date 5-28-90

APPOINTMENTS:

<input type="checkbox"/>	New Employee
<input type="checkbox"/>	Re-employed
<input type="checkbox"/>	Temporary / Part-time
<input type="checkbox"/>	Re-instatement

PAY CHANGE:

GRADE	10
HOURLY	10.2350
BI-WEEKLY	818.80
ANNUAL	21,289.00

ACTIONS:

<input type="checkbox"/>	Classified Status
<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Promotion
<input type="checkbox"/>	Demotion

COMMENTS:

at

ADJUSTMENTS:

<input checked="" type="checkbox"/>	Performance Evaluation	4 %
<input type="checkbox"/>	Other	

MS	FED	ST	PT	RT	FD
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

HOURLY PAY	CODE (2C - 2E)
[REDACTED]	2C

INSURANCE	MISC. DED. 1	MISC. DED. 2
[REDACTED]	[REDACTED]	[REDACTED]

Ma Lee Durrah 6-8-90
BENEFITS SPECIALIST

Catherine S. Delgado
PERSONNEL DIRECTOR 6-8-90

715.73X

6. =

8608.98*

18609. ÷

18609. *

18609. X

110. =

2046990. *

20470. ÷

2080. =

841346153*

• 841346153X

80. =

87.3076922*

PERSONNEL ACTION RECORD
C. OF WARNER ROBINS, GEORG.

SOCIAL SECURITY NUMBER										DEPT. #	NAME									
[REDACTED]										700	EVANS BRETT L.									
											(LAST) (FIRST) (MI)									

STREET ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY AND STATE

--	--	--	--	--	--	--	--	--	--

CODE (1C - 1E)

1C

DEPARTMENT	JOB TITLE	PRESENT SALARY (if applicable)
Police	Officer - SIU	GRADE: 09 BI-WEEKLY: \$715.73

DATE HIRED	DATE OF BIRTH	CLASS NO.	FUNCTION	CATEGORY	SEX	RACE
01/01/01	01/01/01	548				

Effective date Pr. 7/17/89

APPOINTMENTS:

<input type="checkbox"/>	New Employee
<input type="checkbox"/>	Re-employed
<input type="checkbox"/>	Temporary / Part-time
<input type="checkbox"/>	Re-instatement

PAY CHANGE:

GRADE	10
HOURLY	\$9.8413
BI-WEEKLY	\$787.30
ANNUAL	\$20,470.00

ACTIONS:

<input type="checkbox"/>	Classified Status
<input type="checkbox"/>	Transfer
<input checked="" type="checkbox"/>	Promotion
<input type="checkbox"/>	Demotion

COMMENTS: Paid for 1 week
by Code 8 last P/P.

ADJUSTMENTS:

<input type="checkbox"/>	Performance Evaluation	%
<input type="checkbox"/>	Other	

M	S	F	E	D	S	T	P	T	R	T	F	D

HOURLY PAY

--	--	--	--

CODE (2C - 2E)

2C

INSURANCE	MISC. DED. 1	MISC. DED. 2

Ida Lee Lurrah
BENEFITS SPECIALIST
Personnel Form 1 (Revised 07-89)

Catherine S. Lilean
PERSONNEL DIRECTOR
8-7-89

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111

MAYOR
Ed Martin

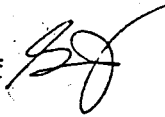
MEMBERS OF COUNCIL

Curtis E. Dempsey
William W. Douglas, Jr.
John L. Havrilla
Henrietta McIntyre
William E. Mosteller, Jr.
Robert A. Steele

CITY CLERK
Clayton P. Mays

CITY ATTORNEY
James E. Elliott, Jr.

TO: All Employees

FROM: George L. Johnson, Chief 

DATE: July 12, 1989

SUBJECT: S.I.U. INVESTIGATOR

Based on the results of the oral board examination conducted on July 11, 1989, the following employee has been selected:

BRETT EVANS

Officer Evans will be promoted and transferred effective July 17, 1989, at 1400 hours. He is to report to Captain A.J. Mathern.

ST



**CITY OF WARNER ROBINS
EMPLOYEE REQUISITION**

Completed by Department:

1. Department Police	2. Class Number 548	3. Paygrade Number 10	4. Class Title Officer - S.I.U.
5. Date Vacant 6/26/89	6. Date Requested 6/26/89	7. Date Needed 6/26/89	8. Incumbents Name Brenda A. Parks
9. Term of Appointment: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Other - (Explain _____)			
10. Reason Position vacated by incumbent: <input type="checkbox"/> Dismissal <input checked="" type="checkbox"/> Promotion <input type="checkbox"/> Lay Off <input type="checkbox"/> LWOP <input type="checkbox"/> Newly Created <input type="checkbox"/> Resignation <input type="checkbox"/> Demotion <input type="checkbox"/> Transfer <input type="checkbox"/> Other-(Explain _____)			
11. Do the duties of this position fit the job description for the class? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If No, must submit a description and recommendation with this requisition.)			
12. Comments: <u>Promoted from Officer - S.I.U. to Sergeant Patrol</u>			
SIGNATURE - DEPARTMENT HEAD <u>Chiz Johnson</u> DATE <u>6-30-89</u>			

Completed by Personnel:

13. Budget Status of Position in Dept.: # <u>5</u> Authorized # <u>4</u> Occupied		14. Budget Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
15. Method of Selection: (Documentation attached) <input type="checkbox"/> Open Competitive <input checked="" type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> Re-employment			
16. Paygrade <u>10</u>	17. Hourly Rate <u>9.8413</u>	18. Total Hrs. b/w <u>80</u>	19. Work Hours <u>shift</u>
20. Employee Status: <input checked="" type="checkbox"/> Regular (PB) <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Other - (Explain _____)			
21. Employee Information: Name <u>Brett Lays Thomas</u> Soc. Sec. No. <u>[REDACTED]</u> Date of Hire _____			22. Current Employee: Former Class # <u>544</u> Status <u>REG</u> Grade <u>09</u>
23. Comments: <u>10% incentive for SIU eff. 7/17/89</u> <u>paid for 1 week.</u>			

APPROVAL:

Catherine A. Sileas 9-2-89
PERSONNEL DIRECTOR DATE

MAYOR

DATE

4.88 *

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Evans, Brett

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20

(12-88 Rev.)

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18 067• ÷

2 080• =

8•686057692 *

18 067• ÷

26• =

694•8846153 *

**PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA**

SOCIAL SECURITY NO. [REDACTED] DEPT.# 700 NAME Evans, Brett

STREET ADDRESS
[REDACTED]

CC: INDIVIDUAL
PERSONNEL
PAYROLL
DEPARTMENT

CITY AND STATE [REDACTED] CODE (1C;1E) 1C

DEPARTMENT Police NAME OF SPOUSE [REDACTED] SPOUSE D.O.B. [REDACTED] NO. OF DEP. [REDACTED] POSITION TITLE Patrol Officer

DATE HIRED 13 DATE OF BIRTH 19 CLASS NO. 25 FUNCTION 28 CATEGORY 29 SEX 30 RACE 31

Effective 6-2-8, you are hereby notified of the following action concerning your employment with the City of Warner Robins:
Present Salary: Grade 9 Step - Salary\$ 630.34

APPOINTMENT:

- ☐ New Employee-Probational
- ☐ Re-employed-Probational
- ☐ Temporary

PAY CHANGE:

Beginning Pay Rate:

GRD STP
39 41

SALARY\$

- ☐ Promotional-Probational
- ☐ Transfer
- ☐ Return from Leave W/O Pay
- ☐ Reinstatement

Promotion Increase:

GRD STP

SALARY\$

- ☐ Demotion
(You have 10 days to appeal this action by notifying the Per. Dir. in writing if you hold perm. status)

Demotional Decrease:

GRD STP

SALARY\$

- ☒ Merit Increase 4%
- ☐ Permanent Status

Increase To:

GRD STP
09

\$ 8.6860
SALARY\$ 694.88
\$ 18,067.00

- ☐ Other Pay Change

Pay Change To:

GRD STP

SALARY\$

MS 43 FED 44 ST 46 PT 47 RT 48 CREDIT U. 53 INSURANCE 58 MISC.DED.1 63 MISC.DED.2 68

HOURLY PAY CODE (2C;2E) 2C

Gathen J. Silvers
PERSONNEL DIR. DATE 6-13-88

COUNCIL COMM. CH. [Signature] DATE 6-16-88
MAYOR [Signature] DATE

PERSONNEL ACTION RECORD
CITY OF WARNER ROBINS, GEORGIA

SOCIAL SECURITY NO. [REDACTED] DEPT.# NAME Evans, Brett L.

STREET ADDRESS

[REDACTED]

CC: INDIVIDUAL
PERSONNEL
PAYROLL
DEPARTMENT

CITY AND STATE CODE (1C;1E)

[REDACTED] 1C

DEPARTMENT NAME OF SPOUSE SPOUSE D.O.B. NO. OF DEP. POSITION TITLE

Police [REDACTED] [REDACTED] Officer

DATE HIRED DATE OF BIRTH CLASS NO. FUNCTION CATEGORY SEX RACE

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Effective 5/5/88, you are hereby notified of the following action

concerning your employment with the City of Warner Robins:

Present Salary: Grade D9 Step Salary \$ 630.34

APPOINTMENT: PAY CHANGE:

☐ New Employee-Probational
☐ Re-employed-Probational
☐ Temporary

Beginning Pay Rate: GRD STP SALARY\$

☐ Promotional-Probational

Promotion Increase: GRD STP SALARY\$

☐ Transfer
☐ Return from Leave W/O Pay
☐ Reinstatement

No Pay Change:
No Pay Change:
No Pay Change:

☐ Demotion
(You have 10 days to appeal
this action by notifying the
Per. Dir. in writing if you
hold perm. status)

Demotional Decrease: GRD STP SALARY\$

☐ Merit Increase
☒ Permanent Status only

Increase To: GRD STP SALARY\$

☐ Other Pay Change

Pay Change To: GRD STP SALARY\$

MS FED ST PT RT CREDIT U. INSURANCE MISC.DED.1 MISC.DED.2

HOURLY PAY CODE (2C;2E)

PERSONNEL DIR. DATE

COUNCIL COMM. CH. DATE

MAYOR DATE

PERSONNEL ACTION RECORD
OF WARNER ROBINS, GEORGIA

SOCIAL SECURITY NO. DEPT.# NAME

1 10 13 700 EVANS BRETT LAYN

STREET ADDRESS

38

CITY AND STATE

63

CODE (1C;1E)

2E

CC: INDIVIDUAL
PERSONNEL
PAYROLL
DEPARTMENT

DEPARTMENT NAME OF SPOUSE SPOUSE D.O.B. NO. OF DEP. POSITION TITLE
Police [redacted] 65 Officer Patrol

DATE HIRED DATE OF BIRTH CLASS NO. FUNCTION CATEGORY SEX RACE
05/04/87 19/64 544 C D M W
13 19 25 28 29 30 31

Effective PB 5/4/87, you are hereby notified of the following action concerning your employment with the City of Warner Robins:

Present Salary: Grade _____ Step _____ Salary\$ _____

APPOINTMENT:

- ☐ New Employee-Probational
☐ Re-employed-Probational
☐ Temporary

PAY CHANGE:

Beginning Pay Rate:

GRD STP
09 41
39 41

SALARY\$ 7.8793
630.34
16,389.00

- ☐ Promotional-Probational
☐ Transfer
☐ Return from Leave W/O Pay
☐ Reinstatement

Promotion Increase:

GRD STP
 41

SALARY\$ _____

- ☐ Demotion
(You have 10 days to appeal this action by notifying the Per. Dir. in writing if you hold perm. status)

Demotional Decrease:

GRD STP
 41

SALARY\$ _____

- ☐ Merit Increase
☐ Permanent Status

Increase To:

GRD STP
 41

SALARY\$ _____

- ☐ Other Pay Change

Pay Change To:

GRD STP
 41

SALARY\$ _____

MS FED ST PT RT CREDIT U. INSURANCE MISC.DED.1 MISC.DED.2
M 02 B R 53 58 63 68 IND

HOURLY PAY CODE (2C;2E)

73 79 2E

PERSONNEL DIR. DATE 5-5-87

COUNCIL COMM. CH. DATE

MAYOR DATE

**CITY OF WARNER ROBINS
EMPLOYEE REQUISITION**

Completed by Department:

1. Department POLICE	2. Class Number 640	3. Paygrade Number	4. Class Title PATROL OFFICER
5. Date Vacant 03--03--87	6. Date Requested 02-17-87	7. Date Needed	8. Incumbents Name ANNIE RIDGEWAY
9. Term of Appointment: _____ Regular _____ Other - (Explain _____)			
10. Reason Position vacated by incumbent: ____ Dismissal _____ Promotion _____ Lay Off _____ LWOP _____ Newly Created <input checked="" type="checkbox"/> Resignation _____ Demotion _____ Transfer _____ Other-(Explain _____)			
11. Do the duties of this position fit the job description for the class? ____ YES ____ NO. (If No, must submit a description and recommendation with this requisition.)			
12. Comments: EMPLOYEE RESIGNED DUE TO PERSONAL REASONS			
SIGNATURE — DEPARTMENT HEAD <u>George Johnson</u> DATE <u>2-17-87</u>			

Completed by Personnel:

13. Budget Status of Position in Dept.: # <u>44</u> Authorized # <u>42</u> Occupied		14. Budget Approved: <input checked="" type="checkbox"/> Yes ____ No Date <u>12-01-87</u>	
15. Method of Selection: (Documentation attached) <input checked="" type="checkbox"/> Open Competitive _____ Promotion _____ Transfer _____ Demotion _____ Re-employment			
16. Paygrade/Step <u>09</u>	17. Hourly Rate <u>7.8493</u>	18. Total Hrs. b/w <u>80</u>	19. Work Hours <u>shift</u>
20. Employee Status: <input checked="" type="checkbox"/> Regular (PB) _____ Temporary _____ Part-Time _____ Other — (Explain _____)			
21. Employee Information: Name <u>Brett Lynn Lomas</u> Soc. Sec. No. <u>[REDACTED]</u> Date of Hire <u>5/4/87</u>			22. Current Employee: Former Class # _____ Status _____ Grade/Step _____
23. Comments:			

APPROVAL:

PERSONNEL DIRECTOR

DATE

MAYOR

DATE

CITY OF WARNER ROBINS

DEPARTMENT OF PERSONNEL

ACKNOWLEDGEMENTS OF EMPLOYMENT CONDITIONS

THE EMPLOYMENT OF Brett Lynn Evans is conditional upon successfully meeting all City of Warner Robins requirements, and willingness and ability to work as assigned after becoming an employee.

STARTING DATE	CLASS CODE	JOB CLASSIFICATION (TITLE)	DEPARTMENT	DEPT. NO.
5/4/87	544	Officer (Patrol)	Police	700

JOB GRADE	STEP	PAY RATE	BI-WEEKLY	HOURS
09		63.0.34	80	shift

I understand that I will be on probation for one (1) year.

In the event that I am unable to work on the above starting day, I will promptly notify the Department Head. In absence of such notice, all commitments made herein may be cancelled.

I understand that falsification of any portion of my application for employment may cause termination of my employment.

I have read the conditions and understand them, and acknowledge that no presentation of employment conditions or rate of pay has been made to me other than set forth above.

I understand that employees' insurance benefits become effective on the 31st day of employment.

I understand it is mandatory that I enter the JMERS Retirement program one (1) year from my date of employment. ~~Contributing 6% of my salary each pay period.~~

Brett L Evans 5-1-87
New Employee's Signature — Date

Deborah 5/1/87
Department of Personnel — Signature

DEPARTMENT OF POLICE

City of Warner Robins

George L. Johnson
CHIEF OF POLICE

800 YOUNG AVENUE - P. O. BOX 1488
WARNER ROBINS, GEORGIA 31099
PHONE 912/929-4211

ASST. CHIEF OF POLICE

OATH OF OFFICE

I, BRETT EVANS, a Police Officer for the City of Warner Robins, Georgia, do solemnly swear (or affirm) that during my continuance in said office, I will to the best of my skill and ability, faithfully uphold the Consitution of the United States of America, the Constitution of the State of Georgia, and in all cases conform to and enforce the laws of the United States, State of Georgia, and the Charter and Ordinances of the Government of the City of Warner Robins, Georgia.

I will execute the orders of my supervisors and in all cases comply with the rules and regulations governing the Warner Robins Police Department, and will report any violation thereof to my superiors. I will not shield the guilty from prosecution or punishment nor will I be influenced in the discharge of my duty by fear, favor of affection, reward or hope thereof; and in all my acts and doings, I will be governed by the rules and ordinances applicable to the Warner Robins Police Department.

So help me God.

5-5-87

Date

Brett J Evans
Officer

George L Johnson
Chief of Police

Ralph Johnson
Mayor

DRUG SCREEN
JUNE 17, 2015

SIGN-IN SHEET

DEPARTMENT

PRINT NAME

1	DON EDWARDS	POLICE
2	LEE VAN OSDOL	POLICE
3	Kerry Fennell	POLICE
4	Gregory Lagana	POLICE
5	Cristie Gillen	CUNY
6	Brett Evans	POLICE
7	John Wagner, Jr.	POLICE
8	Todd Edwards	POLICE
9	John M. Lannan	Police
10	JEFF McCommons	Police
11	Curtis M. Stoen	Police
12	Melanie K. Byer	Police
13	Darryl F. Stokes	POLICE
14	Joseph Wetherington	POLICE
15	Bryan V. Stewart	Police
16	Chris Rocks	police
17	John Clay	police
18	Robert L. Watson	Police
19	Scott McSwain	Police
20		
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27		
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29		
30		

Brett Evans

Public Safety Softball Game Agreement

I understand and agree that my participation in this athletic event is not a requirement of my job and that I am not being paid for participating. By signing this agreement I understand that I am not entitled to wages for participation and not entitled to workers compensation benefits should I become injured.

Brett Evans 7/16/14
Participant Date

Cristine Gull 7/16/14
Witness Date

RECEIVED

AUG 03 1998

MAYOR'S OFFICE

Fernando G. Hernandez, Jr.
P.O.Box 3051
Warner Robins, GA 31099
July 30, 1998

The Honorable Donald S. Walker
Mayor, City of Warner Robins
P.O.Box 1488
Warner Robins, GA 31099

Dear Mayor Walker,

Three member of the Warner Robins Police Department, assisted me in recovering stolen property. I would like to say thank you to them through you and tell you how they helped me.

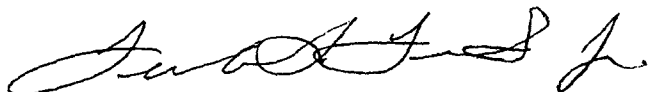
Officer Kevin Salter, provided a police report after he inspected a home for theft and damages, that I rent at 212 Ruzzelle Street, in Warner Robins, GA.

Lieutenant Brett Evans and Detective Bobby Brantley assisted in recovering part of the stolen property from 897 Oak Ave., in Warner Robins, GA.

These three members of your Police Department, were courteous, and more than happy to help. They provided guidance within the law, along the way, and I really appreciated this.

Please give them some recognition for their outstanding service. So often all we here is the negative, with out emphasis on all the good that the Police Department does.

Sincerely,



Fernando G. Hernandez, Jr.

CC: CHIEF HART
COLONEL BATCHELOR
HUMAN RESOURCES

CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111

FAX (912) 929-1957

MAYOR

Donald S. Walker

MEMBERS OF COUNCIL

Philip I. Campbell, Sr.
Grady Clements
William W. Douglas, Jr.
Terry B. Horton
Henrietta McIntyre
LaVerne S. Norris

CITY CLERK

Clayton P. Mays

CITY ATTORNEY

James E. Elliott, Jr.

To: **Officer Brett Evans**

From: **Chief Daniel M. Hart** *DH*

Date: **March 27, 1995**

Subj: **PROMOTION**

You will be promoted to the rank of Sergeant effective Monday, March 27, 1995. You are to report to Lt. Charles Sadlo at 10:45 p.m. and assume the duties of Mid Watch Sergeant. I would also like to take this opportunity to say congratulations.

DMH/hp

CC: **Human Resources**
Personnel Orders
File

Donald S. Walker

Rec'd 3-29-95
CS

Albany Police Department

This is to certify that

Lt. Brett Evans

has satisfactorily completed the course of training in

SEXUAL OFFENDER PROFILING - 16 HOURS

and in evidence of which has been awarded this

Certificate of Achievement

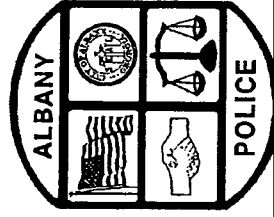
in Testimony Whereof we have affixed our signatures this

18th day of June, A.D. 1999



[Signature]
Chief of Police

[Signature]
Instructor



Georgia Public Safety Training Center

This is to Certify that

Brett L. Evans

Has successfully completed a 40 hour course of study entitled
Management Training Level III

(CAN04C)

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.
Given on the 28th Day of May, 1999.



R. Darby
Executive Director,
Peace Officers Standards and Training Council

Ernie S. Lee
Course Coordinator

C. David Lee
Director, Georgia Public Safety Training Center

Valerie
Director, General Instruction Division

CITY OF WARNER ROBINS

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WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111 FAX (912) 929-1957

MAYOR

Donald S. Walker

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Philip I. Campbell, Sr.
Grady Clements
Dean Cowart
Terry B. Horton
Charles R. Holt, Sr.
Jimmy Selph

CITY CLERK

Clayton P. Mays

CITY ATTORNEY

James E. Elliott, Jr.

TO: Sgt. Brett Evans
Sgt. Lisa Angell

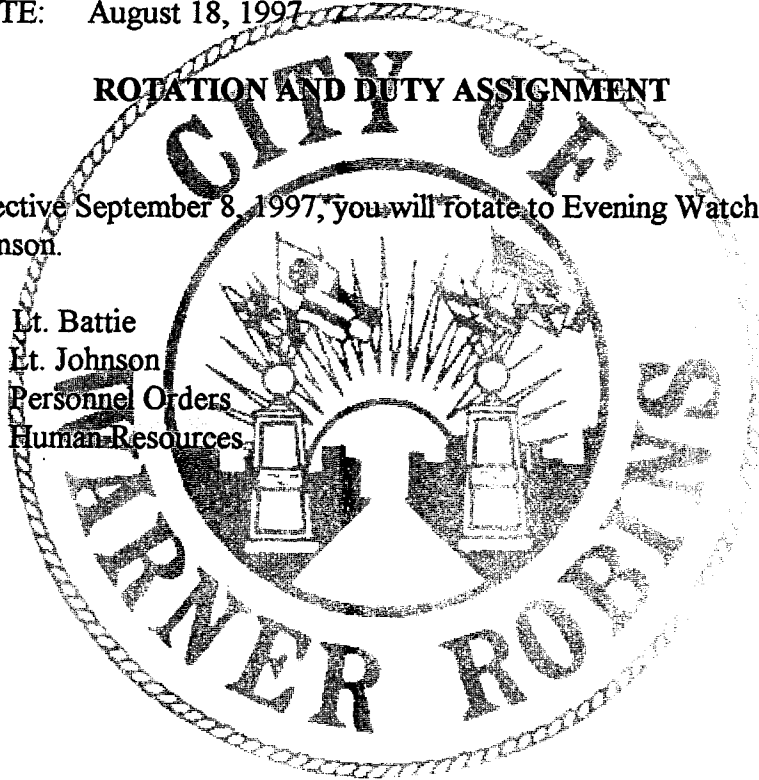
FROM: Major Tommy Batchelor *TJB*

DATE: August 18, 1997

RE: ROTATION AND DUTY ASSIGNMENT

Effective September 8, 1997, you will rotate to Evening Watch and report to Lt. Johnson.

cc: Lt. Battie
Lt. Johnson
Personnel Orders
Human Resources



CITY OF WARNER ROBINS

POST OFFICE BOX 1488
WARNER ROBINS, GEORGIA 31099-1488

(912) 929-1111 FAX (912) 929-1957

MAYOR
Ed Martin

**MEMBERS OF
COUNCIL**

Curtis E. Dempsey
William W. Douglas, Jr.
John L. Havrilla
Henrietta McIntyre
William E. Mosteller, Jr.
LaVerne S. Norris

CITY CLERK
Clayton P. Mays

CITY ATTORNEY
James E. Elliott, Jr.

To: Officer Brett Evans
From: Daniel M. Hart *DMH*
Interim Chief of Police
Date: July 26, 1993
Subj: TRANSFER

I would like to take this opportunity to thank you for your services in the Special Investigations Unit. Your transfer is in no way a reflection on your abilities or performance, but rather an administrative decision I have made as part of organizational changes department wide under a new administration.

DMH/hp

PERFORMANCE SUMMARY AND YEAR-END RATING

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

PERFORMANCE STRENGTHS

Officer Evans has improved in his interpersonal skills over the evaluation period.

Officer Evans is aggressive in his patrol activity.

Officer Evans performs his duty with little supervision.

Officer Evans has a strong desire to be the best Police Officer possible.

PERFORMANCE NEEDS

Officer Evans needs to be more aware of minor errors made on his paperwork

RELATED ACTION PLANS

Officer Evans has been made aware of the need and is taking steps to correct the need

Overall Performance Rating by Supervisor

Above

At

Below

✓

Employee's Comments _____

SIGNATURES:

Employee B. J. Evans

Date 04/15/89

Supervisor L. J. [Signature]

Date 04/15/89

Dept. Director [Signature]

Date 4-17-89

PERFORMANCE SUMMARY AND YEAR-END RATING

This section summarizes the employee's performance strengths and identifies needs and ways to improve performance during the next performance period. An action plan should be established to improve next year's performance (this may serve as the basis for some of next year's objectives).

PERFORMANCE STRENGTHS

Officer Evans has a strong desire to be a professional at his job. He takes the necessary time to conduct investigations and then transfers the information to his reports. Officer Evans has a great deal of self initiative. He takes it on his own to stop and check out suspicious persons and activity.

PERFORMANCE NEEDS

Officer Evans needs to be more aware of the way in which he operates a patrol vehicle.

RELATED ACTION PLANS

Officer Evans has been counseled regarding the operation of a patrol vehicle and his actions are being monitored.

Overall Performance Rating by Supervisor

Above

At

Below

✓

Employee's Comments _____

SIGNATURES:

Employee Buell Evans

Date 05/7/88

Supervisor [Signature]

Date 05/19/88

Dept. Director [Signature]

Date 5-22-88

ANNUAL LEAVE USE/LOSE

Note: This form replaces and supersedes the previous form issued on or about January 26, 2006.

Please make a choice and return to Human Resources as soon as possible.

Cost Ctr.	Employee #	Employee Name	Balance over 240 hours
3210	320	Evans, Brett L.	61.65

I request that the hours be:

- A. ☒ Moved to my Sick Leave balance.
- B. ☐ Donated to sick leave pool – please attach sick leave donation form
- C. ☐ Deducted from my leave balance and thereby waived

Employee Signature: _____

Date: _____

Approved: _____

Donald S. Walker, Mayor

Entered
Date 3/27/06
By [Signature]

State Of Georgia
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

The Law requires you to complete Form G-4 so that your employer can withhold Georgia Income Tax from your pay. (Form G-4 remains in effect until changed or until February 15 of next year if "Exempt" is claimed on line 6.) House Bill 596, amending O.C.G.A. 48-7-26, changed the amount allowed for personal exemption.

By correctly completing this form, you can adjust the amount of tax withheld from your wages to meet your tax liability. If you do not give your employer an allowance certificate you will be treated as a single person with no withholding allowance as required by law.

PERSONAL ALLOWANCE WORKSHEET

- A. Enter "1" if you are single or head of household and wish to claim yourself A. _____
- B. Enter "1" if you wish to claim yourself, Filing joint both spouses working or Filing separate B. _____
- C. Enter "1" if you have only one income and you wish to claim your spouse C. _____
- D. Add lines A thru C. Enter total here and on line 5a below D. _____
- E. Enter number of dependents (Other than spouse or yourself) E. _____
- F. Enter additional allowances from Schedule A on the reverse side F. _____
- G. Add lines E thru F. Enter total here and on line 5b below G. _____

DETACH ALONG THIS LINE. GIVE THE BOTTOM PORTION OF THIS FORM TO EMPLOYER.

G-4

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE

1. TYPE OR PRINT YOUR FULL NAME BRETT L. EVANS	2. SOCIAL SECURITY NO. [REDACTED]
HOME ADDRESS (number & street or rural route) [REDACTED]	3. MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> HD/HSOLD MARRIED FILING JOINT <input type="checkbox"/> one spouse working <input type="checkbox"/> both spouse working <input type="checkbox"/> MARRIED FILING SEPARATE
CITY OR TOWN, STATE & ZIP CODE [REDACTED]	

4. ADDITIONAL AMOUNT YOU WANT DEDUCTED FROM EACH PAY PERIOD 4 \$ 0
5. Total number of allowances you are claiming from line D above 5A 0
Total number of allowances you are claiming from line G above 5B 0
6. EXEMPT- I CLAIM EXEMPTION FROM WITHHOLDING BECAUSE I INCURRED NO LIABILITY FOR GEORGIA INCOME TAX FOR LAST YEAR, AND I DO NOT EXPECT TO HAVE A LIABILITY FOR GEORGIA INCOME TAX THIS YEAR. CHECK HERE > ___ YEAR 19___
7. Are you a full-time student? Yes ___ No ___

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature Brett Evans Date 0326 19 97

(Employer: Complete if over 14 allowances or exempt and send to Georgia Dept of Revenue)

8. EMPLOYER'S NAME AND ADDRESS

EMPLOYERS IDENTIFICATION NUMBER
FEI#
GA W/H#

HUMAN RESOURCES
PROCESSED
DATE: 4-2-97

SCHEDULE A

WORKSHEET FOR FIGURING YOUR WITHHOLDING ALLOWANCES TO BE ENTERED ON LINE F OF FORM G-4.

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 ☐ Blind ☐
 Spouse: Age 65 ☐ Blind ☐

Number of blocks checked _____ X 700 = \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

(A) Federal Estimated Itemized Deductions.....\$ _____

(B) GEORGIA STANDARD DEDUCTION - This adjustment is necessary if itemized deductions are included in line (A) above, since the standard deduction is built in the Georgia Withholding Tax Tables, and both standard and itemized deductions cannot be claimed. (see below).....\$ _____

ENTER ONE	Single/Head of Household	\$2300
	Married Filing Joint	\$3000
	Married Filing Separate	\$1500

(C) SUBTRACT LINE B FROM LINE A.....\$ _____

(D) ALLOWABLE DEDUCTIONS TO FEDERAL ADJUSTED GROSS INCOME.....\$ _____
 (Such as Retirement Income Exclusion, U.S. Obligations, Social Security and other allowable deductions per Georgia Law)

(E) ADD THE AMOUNTS ON LINES 1, 2C, AND 2D.....\$ _____

(F) ENTER AN ESTIMATE OF YOUR INCOME NOT SUBJECT TO WITHHOLDING\$ _____
 (Such as interest, dividends and lump sum distributions)

(G) SUBTRACT LINE F FROM E AND ENTER RESULT\$ _____
 IF LESS THAN ZERO (0) STOP HERE.

(H) DIVIDE THE AMOUNT ON LINE G BY \$2500 TO GET THE NUMBER OF ADDITIONAL PERSONAL ALLOWANCES (If the remainder is over \$1250 round up)
 ENTER THIS NUMBER ON LINE F OF YOUR G-4.

Form W-4 (1997)

Want More Money In Your Paycheck?

If you expect to be able to take the earned income credit for 1997 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay. Form W-4 may be completed electronically, if your employer has an electronic system. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, only complete lines 1, 2, 3, 4, 7, and sign the form to validate it. No Federal income tax will be withheld from your pay. Your exemption expires February 17, 1998.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$650 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet. Additional worksheets are on page 2 so you can adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making

estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, use Pub. 919, Is My Withholding Correct for 1997?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-829-3676. Check your telephone directory for the IRS assistance number for further help.

Sign This Form. Form W-4 is not considered valid unless you sign it.

Personal Allowances Worksheet

A Enter "1" for yourself if no one else can claim you as a dependent	A _____
B Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.	B _____
C Enter "1" for your spouse . But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above)	E _____
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
G Add lines A through F and enter total here. Note: This amount may be different from the number of exemptions you claim on your return	G _____
For accuracy, complete all worksheets that apply.	<ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job and your combined earnings from all jobs exceed \$32,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1997	
► For Privacy Act and Paperwork Reduction Act Notice, see reverse.					
1 Type or print your first name and middle initial BRETT L.		Last name EVANS		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.			
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)		5		6 \$ 0	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 1997, and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none">• Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND• This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here		7			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's signature ► Brett Evans		Date ► 0326		1997	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number	
				HUMAN RESOURCES PROCESSED DATE: 4-2-97	

Deductions and Adjustments Worksheet**Note:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1997 tax return.

- 1 Enter an estimate of your 1997 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1997, you may have to reduce your itemized deductions if your income is over \$121,200 (\$60,600 if married filing separately). Get Pub. 919 for details.) 1 \$
- 2 Enter: $\left\{ \begin{array}{l} \$6,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,050 \text{ if head of household} \\ \$4,150 \text{ if single} \\ \$3,450 \text{ if married filing separately} \end{array} \right\}$ 2 \$
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$
- 4 Enter an estimate of your 1997 adjustments to income. These include alimony paid and deductible IRA contributions 4 \$
- 5 **Add** lines 3 and 4 and enter the total 5 \$
- 6 Enter an estimate of your 1997 nonwage income (such as dividends or interest) 6 \$
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than -0- 7 \$
- 8 **Divide** the amount on line 7 by \$2,500 and enter the result here. Drop any fraction 8
- 9 Enter the number from Personal Allowances Worksheet, line G, on page 1 9
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, on page 1. 10

Two-Earner/Two-Job Worksheet**Note:** Use this worksheet only if the instructions for line G on page 1 direct you here.

- 1 Enter the number from line G on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2
- 3 If line 1 is **GREATER THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. **DO NOT** use the rest of this worksheet 3

Note: If line 1 is **LESS THAN** line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year end tax bill.

- 4 Enter the number from line 2 of this worksheet 4
- 5 Enter the number from line 1 of this worksheet 5
- 6 **Subtract** line 5 from line 4 6
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed 8 \$
- 9 Divide line 8 by the number of pay periods remaining in 1997. (For example, divide by 26 if you are paid every other week and you complete this form in December 1996.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
0 - \$4,000	0	35,001 - 40,000	8	0 - \$5,000	0	75,001 - 90,000	8
4,001 - 7,000	1	40,001 - 50,000	9	5,001 - 11,000	1	90,001 - 110,000	9
7,001 - 12,000	2	50,001 - 60,000	10	11,001 - 15,000	2	110,001 and over	10
12,001 - 17,000	3	60,001 - 70,000	11	15,001 - 20,000	3		
17,001 - 22,000	4	70,001 - 80,000	12	20,001 - 24,000	4		
22,001 - 28,000	5	80,001 - 100,000	13	24,001 - 45,000	5		
28,001 - 32,000	6	100,001 - 110,000	14	45,001 - 60,000	6		
32,001 - 35,000	7	110,001 and over	15	60,001 - 75,000	7		

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
0 - \$50,000	\$400	0 - \$30,000	\$400
50,001 - 100,000	740	30,001 - 60,000	740
100,001 - 130,000	820	60,001 - 120,000	820
130,001 - 240,000	950	120,001 - 250,000	950
240,001 and over	1,050	250,001 and over	1,050

Privacy Act and Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue Law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 10 min., **Preparing the form** 69 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.

Form W-4 (1996)

Want More Money In Your Paycheck?

If you expect to be able to take the earned income credit for 1996 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, only complete lines 1, 2, 3, 4, 7, and sign the form to validate it. No Federal income tax will be withheld from your pay. Your exemption expires February 18, 1997.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$650

and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet. Additional worksheets are on page 2 so you can adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES.

Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, use Pub. 919, Is My Withholding Correct for 1996?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-829-3676. Check your telephone directory for the IRS assistance number for further help.

Sign This Form. Form W-4 is not considered valid unless you sign it.

Personal Allowances Worksheet

A Enter "1" for yourself if no one else can claim you as a dependent A

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) C

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above) E

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F

G Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return. G

For accuracy, do all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job and your combined earnings from all jobs exceed \$30,000 or, if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

PERSONNEL PROCESSED DATE 10-10-96

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1996	
▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.					
1 Type or print your first name and middle initial BRETT L.		Last name EVANS		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.			
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ 50.00	
7 I claim exemption from withholding for 1996 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here ▶ 7					
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's signature ▶ Brett Evans		Date ▶ 10-10		19 96	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)		10 Employer identification number	

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1996 tax return.

1	Enter an estimate of your 1996 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1996, you may have to reduce your itemized deductions if your income is over \$117,950 (\$58,975 if married filing separately). Get Pub. 919 for details.)	1	\$
2	Enter: $\left\{ \begin{array}{l} \$6,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$5,900 \text{ if head of household} \\ \$4,000 \text{ if single} \\ \$3,350 \text{ if married filing separately} \end{array} \right\}$	2	\$
3	Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0-	3	\$
4	Enter an estimate of your 1996 adjustments to income. These include alimony paid and deductible IRA contributions	4	\$
5	Add lines 3 and 4 and enter the total	5	\$
6	Enter an estimate of your 1996 nonwage income (such as dividends or interest)	6	\$
7	Subtract line 6 from line 5. Enter the result, but not less than -0-	7	\$
8	Divide the amount on line 7 by \$2,500 and enter the result here. Drop any fraction	8	
9	Enter the number from Personal Allowances Worksheet, line G, on page 1	9	
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, on page 1.	10	

Two-Earner/Two-Job Worksheet

Note: Use this worksheet only if the instructions for line G on page 1 direct you here.

1	Enter the number from line G on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here	2	
3	If line 1 is GREATER THAN OR EQUAL TO line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. DO NOT use the rest of this worksheet	3	
Note: If line 1 is LESS THAN line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year end tax bill.			
4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 4 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 1996. (For example, divide by 26 if you are paid every other week and you complete this form in December 1995.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—		Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—		Enter on line 2 above
0 - \$3,000 0			39,001 - 50,000 9		0 - \$4,000 0		
3,001 - 6,000 1			50,001 - 55,000 10		4,001 - 10,000 1		
6,001 - 11,000 2			55,001 - 60,000 11		10,001 - 14,000 2		
11,001 - 16,000 3			60,001 - 70,000 12		14,001 - 19,000 3		
16,001 - 21,000 4			70,001 - 80,000 13		19,001 - 23,000 4		
21,001 - 27,000 5			80,001 - 90,000 14		23,001 - 45,000 5		
27,001 - 31,000 6			90,001 and over 15		45,001 - 60,000 6		
31,001 - 34,000 7					60,001 - 70,000 7		
34,001 - 39,000 8					70,001 and over 8		

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others			
If wages from HIGHEST paying job are—		Enter on line 7 above		If wages from HIGHEST paying job are—		Enter on line 7 above	
0 - \$50,000		\$380		0 - \$30,000		\$380	
50,001 - 100,000		710		30,001 - 60,000		710	
100,001 - 130,000		790		60,001 - 120,000		790	
130,001 - 240,000		920		120,001 - 240,000		920	
240,001 and over		1,010		240,001 and over		1,010	

Privacy Act and Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue Law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 10 min., **Preparing the form** 69 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.



Printed on recycled paper

State Of Georgia
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

The Law requires you to complete Form G-4 so that your employer can withhold Georgia Income Tax from your pay. (Form G-4 remains in effect until changed or until February 15 of next year if "Exempt" is claimed on line 6.) House Bill 596, amending O.C.G.A. 48-7-26, changed the amount allowed for personal exemption.

By correctly completing this form, you can adjust the amount of tax withheld from your wages to meet your tax liability. If you do not give your employer an allowance certificate you will be treated as a single person with no withholding allowance as required by law.

PERSONAL ALLOWANCE WORKSHEET

- A. Enter "1" if you are single or head of household and wish to claim yourself A. _____
- B. Enter "1" if you wish to claim yourself, Filing joint both spouses working or Filing separate B. _____
- C. Enter "1" if you have only one income and you wish to claim your spouse C. _____
- D. Add lines A thru C. Enter total here and on line 5a below D. _____
- E. Enter number of dependents (Other than spouse or yourself) E. _____
- F. Enter additional allowances from Schedule A on the reverse side F. _____
- G. Add lines E thru F. Enter total here and on line 5b below G. _____

DETACH ALONG THIS LINE. GIVE THE BOTTOM PORTION OF THIS FORM TO EMPLOYER.

G-4

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE

1. TYPE OR PRINT YOUR FULL NAME <u>BRETT L. EVANS</u>	2. SOCIAL SECURITY NO. [REDACTED]
HOME ADDRESS (number, & street or rural route) [REDACTED]	3. MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> HEADSHOLD MARRIED FILING JOINT <input type="checkbox"/> one spouse working <input type="checkbox"/> both spouse working <input type="checkbox"/> MARRIED FILING SEPARATE
CITY OR TOWN, STATE & ZIP CODE [REDACTED]	

4. ADDITIONAL AMOUNT YOU WANT DEDUCTED FROM EACH PAY PERIOD 4 \$ 20⁰⁰
5. Total number of allowances you are claiming from line D above 5A _____
Total number of allowances you are claiming from line G above 5B 0
6. EXEMPT- I CLAIM EXEMPTION FROM WITHHOLDING BECAUSE I INCURRED NO LIABILITY FOR GEORGIA INCOME TAX FOR LAST YEAR, AND I DO NOT EXPECT TO HAVE A LIABILITY FOR GEORGIA INCOME TAX THIS YEAR.
CHECK HERE > ___ YEAR 19___
7. Are you a full-time student? Yes ___ No ___

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature Brett Evans Date 10-10 19 96

(Employer: Complete if over 14 allowances or exempt and send to Georgia Dept of Revenue)

8. EMPLOYER'S NAME AND ADDRESS

EMPLOYERS IDENTIFICATION NUMBER
FEI#
GA W/H#

SCHEDULE A

WORKSHEET FOR FIGURING YOUR WITHHOLDING ALLOWANCES TO BE ENTERED ON LINE F OF FORM G-4.

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 ☐ Blind ☐
 Spouse: Age 65 ☐ Blind ☐

Number of blocks checked _____ X 700 = \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

(A) Federal Estimated Itemized Deductions.....\$ _____

(B) GEORGIA STANDARD DEDUCTION - This adjustment is necessary if itemized deductions are included in line (A) above, since the standard deduction is built in the Georgia Withholding Tax Tables, and both standard and itemized deductions cannot be claimed. (see below).....\$ _____

ENTER ONE	Single/Head of Household	\$2300
	Married Filing Joint	\$3000
	Married Filing Separate	\$1500

(C) SUBTRACT LINE B FROM LINE A.....\$ _____

(D) ALLOWABLE DEDUCTIONS TO FEDERAL ADJUSTED GROSS INCOME.....\$ _____
 (Such as Retirement Income Exclusion, U.S. Obligations, Social Security and other allowable deductions per Georgia Law)

(E) ADD THE AMOUNTS ON LINES 1, 2C, AND 2D.....\$ _____

(F) ENTER AN ESTIMATE OF YOUR INCOME NOT SUBJECT TO WITHHOLDING\$ _____
 (Such as interest, dividends and lump sum distributions)

(G) SUBTRACT LINE F FROM E AND ENTER RESULT\$ _____
 IF LESS THAN ZERO (0) STOP HERE.

(H) DIVIDE THE AMOUNT ON LINE G BY \$2500 TO GET THE NUMBER OF ADDITIONAL PERSONAL ALLOWANCES (If the remainder is over \$1250 round up)
 ENTER THIS NUMBER ON LINE F OF YOUR G-4.

Form W-4 (1995)

Want More Money In Your Paycheck?

If you expect to be able to take the earned income credit for 1995 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. If exempt, complete line 7; but do not complete lines 5 and 6. No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1996.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$650 and includes unearned income (e.g., interest

and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making

estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1995?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. We recommend you get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). Call 1-800-829-3676 to order Pub. 919. Check your telephone directory for the IRS assistance number for further help.

Personal Allowances Worksheet

- A Enter "1" for yourself if no one else can claim you as a dependent A _____
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____
- C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) C _____
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above) E _____
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit on your return F _____
- G Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return G _____
- For accuracy, do all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you are single and have more than one job and your combined earnings from all jobs exceed \$30,000 OR if you are married and have a working spouse or more than one job, and the combined earnings from all jobs exceed \$50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0010 1995	
Type or print your first name and middle initial BRETT L.				Last name EVANS	
Home address (number and street or rural route) [REDACTED]				2 Your social security number [REDACTED]	
City or town, state, and ZIP code [REDACTED]				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.	
				4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)				5 0	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ 0	
7 I claim exemption from withholding for 1995 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here 7					
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's signature Brett Evans				Date 10-20 19 95	
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)				9 Office code (optional)	
				10 Employer identification number	

Deductions and Adjustments Worksheet**Note:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1995 tax return.

- 1 Enter an estimate of your 1995 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1995, you may have to reduce your itemized deductions if your income is over \$114,700 (\$57,350 if married filing separately). Get Pub. 919 for details.) 1 \$
- 2 Enter: $\left\{ \begin{array}{l} \$6,550 \text{ if married filing jointly or qualifying widow(er)} \\ \$5,750 \text{ if head of household} \\ \$3,900 \text{ if single} \\ \$3,275 \text{ if married filing separately} \end{array} \right\}$ 2 \$
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$
- 4 Enter an estimate of your 1995 adjustments to income. These include alimony paid and deductible IRA contributions 4 \$
- 5 Add lines 3 and 4 and enter the total 5 \$
- 6 Enter an estimate of your 1995 nonwage income (such as dividends or interest) 6 \$
- 7 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 \$
- 8 Divide the amount on line 7 by \$2,500 and enter the result here. Drop any fraction 8
- 9 Enter the number from Personal Allowances Worksheet, line G, on page 1 9
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, on page 1 10

Two-Earner/Two-Job Worksheet**Note:** Use this worksheet only if the instructions for line G on page 1 direct you here.

- 1 Enter the number from line G on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1
- 2 Find the number in Table 1 below that applies to the **LOWEST** paying job and enter it here 2
- 3 If line 1 is **GREATER THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. **DO NOT** use the rest of this worksheet 3

Note: If line 1 is **LESS THAN** line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4-9 to calculate the additional withholding amount necessary to avoid a year end tax bill.

- 4 Enter the number from line 2 of this worksheet 4
- 5 Enter the number from line 1 of this worksheet 5
- 6 Subtract line 5 from line 4 6
- 7 Find the amount in Table 2 below that applies to the **HIGHEST** paying job and enter it here 7 \$
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed 8 \$
- 9 Divide line 8 by the number of pay periods remaining in 1995. (For example, divide by 26 if you are paid every other week and you complete this form in December 1994.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly				All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
0 - \$3,000	0	39,001 - 50,000	9	0 - \$4,000	0
3,001 - 6,000	1	50,001 - 55,000	10	4,001 - 10,000	1
6,001 - 11,000	2	55,001 - 60,000	11	10,001 - 14,000	2
11,001 - 16,000	3	60,001 - 70,000	12	14,001 - 19,000	3
16,001 - 21,000	4	70,001 - 80,000	13	19,001 - 23,000	4
21,001 - 27,000	5	80,001 - 90,000	14	23,001 - 45,000	5
27,001 - 31,000	6	90,001 and over	15	45,001 - 60,000	6
31,001 - 34,000	7			60,001 - 70,000	7
34,001 - 39,000	8			70,001 and over	8

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
0 - \$50,000	\$380	0 - \$30,000	\$380
50,001 - 100,000	700	30,001 - 60,000	700
100,001 - 130,000	780	60,001 - 110,000	780
130,001 - 230,000	900	110,001 - 230,000	900
230,001 and over	990	230,001 and over	990

Privacy Act and Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning about the law or the form** 10 min., **Preparing the form** 69 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the **Internal Revenue Service**, Attention: Tax Forms Committee, PC:FP, Washington, DC 20224. **DO NOT** send the tax form to this address. Instead, give it to your employer.



State of Georgia

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. PRINT YOUR FULL NAME BRETT L. EVANS	2. YOUR SOCIAL SECURITY NUMBER [REDACTED]
HOME ADDRESS (Number and Street or Rural Route) [REDACTED]	CITY, STATE and ZIP CODE [REDACTED]

PLEASE READ INSTRUCTIONS BEFORE COMPLETING LINE 3

IF YOU DO NOT WISH TO CLAIM ALLOWANCES, PLEASE ENTER "0" ON YOUR MARITAL STATUS, SIGN BELOW AND DISREGARD REMAINDER OF THE INSTRUCTIONS.

MARITAL STATUS

- | | | | |
|---|-----|---|-----|
| 3. A. SINGLE - ENTER -0- or 1 | () | D. UNMARRIED HEAD OF HOUSEHOLD
ENTER -0- or 1 or 2 | () |
| B. MARRIED FILING JOINT RETURN BOTH SPOUSES
WORKING OR FILING SEPARATE RETURN
ENTER -0- or 1 or 2 | () | 4. DEPENDENTS ENTER NUMBER | () |
| C. MARRIED-FILING JOINT RETURN ONE SPOUSE WORK-
ING. - ENTER -0- or 1 or 2 | () | 5. ADDITIONAL ALLOWANCES
SEE PAGE 2 | () |

6. LETTER USED (A, B, C, or D) **C** TOTAL ALLOWANCES IN BLOCKS **0**
(Employer: The letter indicates the table pages 6 through 25 of The Employer Tax Guide. Allowances are at the top of each table).

7. EXEMPT - I CLAIM EXEMPTION FROM WITHHOLDING BECAUSE I INCURRED NO LIABILITY FOR GEORGIA INCOME TAX FOR LAST YEAR, AND I DO NOT EXPECT TO HAVE A LIABILITY FOR GEORGIA INCOME TAX FOR THIS YEAR. CHECK HERE ☐ YEAR 19 95

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

(Employee's signature) **Brett Evans**

Date

10/20/95

8. Employer's name and address (Employer: Complete 8 and 9 only if sending to Georgia Revenue Department) 9. Employer Identification No.

**PERSONNEL
PROCESSED
DATE 11-15-95**

DETACH ALONG THIS LINE. GIVE THE TOP PART OF THIS FORM TO EMPLOYER.

INSTRUCTIONS

The Law requires you to complete Form G-4 so that your employer can withhold Georgia Income Tax from your pay. (Form G-4 remains in effect until changed or until February 15 of next year if "Exempt" is claimed on line 7.) By correctly completing this form, you can adjust the amount of tax withheld from your wages to meet your tax liability.

If you do not give your employer an allowance certificate, you will be treated as a single person with no withholding allowance as required by law.

If you received a large refund last year, you may be having too much tax withheld. If so, you may want to increase the number of allowances on Line 5. If you owed a large amount of tax last year, you may not be having enough tax withheld. If so, you can claim fewer allowances on line 5, or ask that an additional amount be withheld.

LINE BY LINE INSTRUCTIONS

LINE 1 - ENTER NAME, ADDRESS AND SOCIAL SECURITY NUMBER IN BOXES 1 AND 2

LINE 3 - Check marital status to be used by your employer for the purpose of calculating your tax to be withheld.

- A - SINGLE (Enter 1 if you wish to claim yourself).
- 3 - MARRIED (Filing Joint Return with Both Spouses Working or Filing Separate) - enter 1 if you wish to claim yourself.
- 2 - MARRIED (Filing Joint Return with One Spouse Working) - enter 2 if you wish to claim yourself and your spouse.
- 3 - UNMARRIED HEAD OF HOUSEHOLD 1- Enter 1 if you wish to claim yourself but the child/parent for whom you maintain a home does not qualify as a dependent.
2- Enter 2 if you wish to claim yourself and a qualified dependent for whom you maintain a home. DO NOT claim an additional allowance on Line 4 for the dependent used to qualify you as head of household.

LINE 5 - ADDITIONAL ALLOWANCES - Please use Worksheet on page 2.

LINE 7 - EXEMPTION FROM WITHHOLDING. You can claim exemption from withholding only if you filed a Georgia return last year owing no tax, and had a right to a refund of all income tax withheld and this year do not expect to owe any Georgia Income Tax and expect to have a right to a refund of all tax withheld. If you qualify, check box on Line 7 and write the year for which exempt status is effective.

If you want to claim exemption from withholding next year, you must file a new G-4 on or before February 15 of next year. If you are not having Georgia Income Tax withheld this year, but expect to have a liability next year, you must give your employer a new G-4 by December 1 of this year.

Your employer must send to the Georgia Revenue Department any G-4 claiming more than 14 Withholding allowances or claiming exemption

ENTER
ALLOWANCES
IN THIS COLUMN

**WORKSHEET FOR FIGURING YOUR WITHHOLDING ALLOWANCES TO BE
ENTERED ON LINE 5 OF FORM G-4**

1. EXTRA ALLOWANCE FOR AGE 65 OR OLDER OR BLIND (only if using standard deductions)

Yourself: Age 65 ☐ Blind ☐

Spouse: Age 65 ☐ Blind ☐ Number of Blocks checked X 700 =

\$ _____

Divide the amount above by \$750, increase any factor over \$750 to the next whole number.

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

(A) Federal Estimated Itemized Deductions, alimony payments, allowable retirement contributions, business losses including net operating loss carry over, moving expenses, employee business expense, penalty on early withdrawal of savings. If married and both spouses work, the combined total of deductions claimed on separate G-4's should not exceed the deductions allowable on a joint income tax return. \$ _____

(B) GEORGIA STANDARD DEDUCTION — This adjustment is necessary if itemized deductions are included in line (A) above, since the standard deduction is built in the Georgia Withholding Tax Tables, and both standard and itemized deductions cannot be claimed. (see below) \$ _____

(C) LINE A LESS THE AMOUNT ON LINE B \$ _____

(D) DIVIDE THE AMOUNT ON LINE (C) BY 1,500. Increase any fraction over \$750 to the next whole number.

3. TOTAL OF LINES 1 AND 2-D (Enter here and on line 5 Form G-4)

ADDITIONAL WITHHOLDING:

If you have income other than salaries and wages you can authorize your employer to withhold an additional amount. You can figure 6% of the other income, then divide by the yearly number of pay periods. (Weekly, Monthly, Etc.), or whatever you feel will be needed.

I authorize additional withholding per pay period of \$ _____ (Signed) _____

GEORGIA STANDARD DEDUCTION

Single/Head of Household	\$2300
Married Filing Joint	\$3000
Married Filing Separate	\$1500

CITY OF WARNER ROBINS

NOTICE TO POLICE OFFICER AND FIRE FIGHTER APPLICANTS

Police Officers and Fire Fighters are selected under the Merit System of the City of Warner Robins.

Applicants will be subject to actions of the Personnel Director and Interview Committee who will:

- A. Test, interview, examine and pass upon the qualifications of all persons who desire employment with the Police and Fire Departments.
- B. Cause a thorough investigation to be made of the character, experience, background, physical fitness including a physical readiness test of the applicant.
- C. Investigate all police records, all previous employment, past places of residence, personal habits, military records, educational background and other areas deemed pertinent.
- D. Obtain a written Credit Report on the applicant.
- E. Require a complete physical examination at City expense.

MINIMUM REQUIREMENTS FOR APPLICANTS

- A. A high school education or its equivalent as recognized by the Georgia Department of Education. (Minimum GED score of 45 per section - total 225)
- B. Personnel must live within a twenty-five (25) mile radius of the Police or Fire Departments of Warner Robins, Georgia
- C. Minimum age limit for Police Officers is twenty-one (21) years.
Minimum age limit for Fire Fighters is eighteen (18) years.
- D. Pass the required Physical Readiness Test and Physical Examination.
- E. Willing to work in harmony and on any shift assigned.
- F. Must be a U. S. Citizen.
- G. Must have a valid Georgia Driver's License.

The City of Warner, Robins welcomes you as an applicant for a position with the Police or Fire Department, but if you cannot meet or abide by the above stated conditions and/or requirements, it is suggested you not complete a formal application as exceptions cannot be made.


Applicant's Signature (Full)

DEPARTMENT OF POLICE

City of Warner Robins

George L. Johnson
CHIEF OF POLICE

800 YOUNG AVENUE - P. O. BOX 1488
WARNER ROBINS, GEORGIA 31099
PHONE 912/929-4211

ASST. CHIEF OF POLICE

OATH OF OFFICE

I, BRETT EVANS, a Police Officer for the City of Warner Robins, Georgia, do solemnly swear (or affirm) that during my continuance in said office, I will to the best of my skill and ability, faithfully uphold the Consitution of the United States of America, the Constitution of the State of Georgia, and in all cases conform to and enforce the laws of the United States, State of Georgia, and the Charter and Ordinances of the Government of the City of Warner Robins, Georgia.

I will execute the orders of my supervisors and in all cases comply with the rules and regulations governing the Warner Robins Police Department, and will report any violation thereof to my superiors. I will not shield the guilty from prosecution or punishment nor will I be influenced in the discharge of my duty by fear, favor of affection, reward or hope thereof; and in all my acts and doings, I will be governed by the rules and ordinances applicable to the Warner Robins Police Department.

So help me God.

5-5-87

Date

Brett Evans
Officer

George L. Johnson
Chief of Police

Ralph Johnson
Mayor



CITY OF WARNER ROBINS

P. O. BOX 1488 ■ WARNER ROBINS, GEORGIA 31099-1488 ■ 912/929-1111

MAYOR
ph A. Johnson

MEMBERS OF
COUNCIL

William M. Davis
William W. Douglas, Jr.
John L. Havrilla
Theretta McIntyre
William E. Mosteller, Jr.
Robert A. Steele

May 1, 1987

Mr. Brett Layn Evans & Family
[REDACTED]
[REDACTED]

Dear Mr. Evans & Family:

Enclosed is a notice advising you of your rights to continue group medical coverage at your own expense in the event that your coverage provided by the City of Warner Robins would otherwise cease. You may wish to retain this notice for your future reference.

If you have any questions please feel free to contact the Department of Personnel (City Hall, Room 209, 700 Watson Blvd.) or call 929-1128.

Sincerely,

Catherine S. Silengo
Catherine S. Silengo, PHR
Personnel Director

ild

Enclosure

CITY OF WARNER ROBINS - DEPARTMENT OF PERSONNEL

NEW EMPLOYEE CHECKLIST

EMPLOYEE - Brett Layn Evans
DEPARTMENT - Police
DATE HIRED - May 4, 1987

- ☒ 1. Employee Requisition
- ☒ 2. Employee Status Sheet (or letter, etc., with application)
- ☒ 3. Personnel Action Form
- ☒ 4. Acknowledgement of Employment
- ☒ 5. Insurance Forms:
 - ☒ a. Hospitalization
 - ☒ b. Life
 - ☒ c. Optional Life
 - ☒ d. Dental
 - ☒ e. Cancer Insurance
 - ☒ f. Insurance Booklet
 - ☒ g. Insurance Status Form
- ☒ 6. Tax Withholding Form
- ☒ 7. Employee Handbook
- ☒ 8. Credit Union Brochure
- ☒ 9. I.D. Card and Picture
- ☒ 10. Time Card
- ☒ 11. Background Information (necessary documents, references, etc.)
- ☒ 12. Personnel Action Card
- ☒ 13. Attendance Card
- ☒ 14. Record Envelope
- ☒ 15. Employee Folder
- ☒ 16. Add to new hire list
- ☒ 17. Add to permanent status review list
- ☒ 18. Add to organization board
- ☒ 19. File
- ☒ 20. Outside Employment - _____

CITY OF WARNER ROBINS - DEPARTMENT OF PERSONNEL

EMPLOYEE SEPARATION CHECKLIST

EMPLOYEE - _____
DEPARTMENT - _____
DATE SEPARATED - _____

- _____ 1. City Separation Notice
- _____ 2. State Separation Notice
- _____ 3. Position Requisition
- _____ 4. Letter of Termination (when applicable)
- _____ 5. Letter of Resignation (when applicable)
- _____ 6. Final Time Card
- _____ 7. Credit Union
- _____ 8. Central Receiving 8a. _____ Gas Card
- _____ 9. Retirement
- _____ 10. Employee I.D. Card
- _____ 11. Insurance Cards (notify that coverage has ceased)
- _____ 12. Exit Interview
- _____ 13. FINAL PAY CHECK

Date Received

Employee Signature

Witness (Department of Personnel)

Forwarding Address:

Street

City

State

Zip

**INSTRUCTIONS FOR COMPLETING THE
GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (G-4)**

Print your full name, social security number and address. Your social security number is very important — Make sure you copy it correctly.

The block that you check below represents the personal allowance you desire. The "allowance" is a personal exemption of \$1,500.00 or \$3,000.00 depending on your filing status. You may want to claim "No Personal Allowance" which would have more tax withheld from your pay than would be withheld if an allowance was claimed.

Head of household who does not have a qualified dependent, but qualifies under the Internal Revenue Code as Head of Household, is allowed \$1,500.00 and should check desired block on Line E.

ADDITIONAL ALLOWANCES: Number of credits for qualified dependents and for age 65 or blind must be placed on appropriate line. There is no provision under the Georgia law for additional allowances based on estimated itemized deductions and alimony payments, as provided under the Federal law.

G-4 (REV. 8/82) STATE OF GEORGIA—EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

NAME <i>Brett Lays Evans</i>	SOC. SEC. NO. [REDACTED]
ADDRESS [REDACTED]	CITY/STATE/ZIP CODE [REDACTED]

Check your desired personal allowance under your anticipated filing status. If you claim no personal allowance you cannot claim credit for dependents or other credits under "Additional Allowances" below.

A SINGLE -----	{ Claiming no personal allowance . . . <input type="checkbox"/> { \$1,500.00 personal allowance . . . <input type="checkbox"/>
B MARRIED FILING JOINT — BOTH SPOUSES WORKING -----	{ Claiming no personal allowance . . . <input type="checkbox"/> { \$1,500.00 personal allowance . . . <input checked="" type="checkbox"/>
C MARRIED FILING JOINT — ONE SPOUSE WORKING -----	{ Claiming no personal allowance . . . <input type="checkbox"/> { \$3,000.00 personal allowance . . . <input type="checkbox"/>
D MARRIED FILING SEPARATE -----	{ Claiming no personal allowance . . . <input type="checkbox"/> { \$1,500.00 personal allowance . . . <input type="checkbox"/>
E — UNMARRIED HEAD OF HOUSEHOLD ----- NOTE: Do not claim an additional allowance for dependent used to qualify you for head of household.	{ Claiming no personal allowance <input type="checkbox"/> { \$1,500.00 personal allowance (With no qualified dependents) <input type="checkbox"/> { \$3,000.00 personal allowance (With a qualified dependent) <input type="checkbox"/>

ADDITIONAL ALLOWANCES: Number of credits for dependents and for age 65 or blind — Place number here _____

NOTE: If using "Additional Allowances" do not include any allowances already taken on lines A, B, C, D or E

I do hereby certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled.

(Signature)

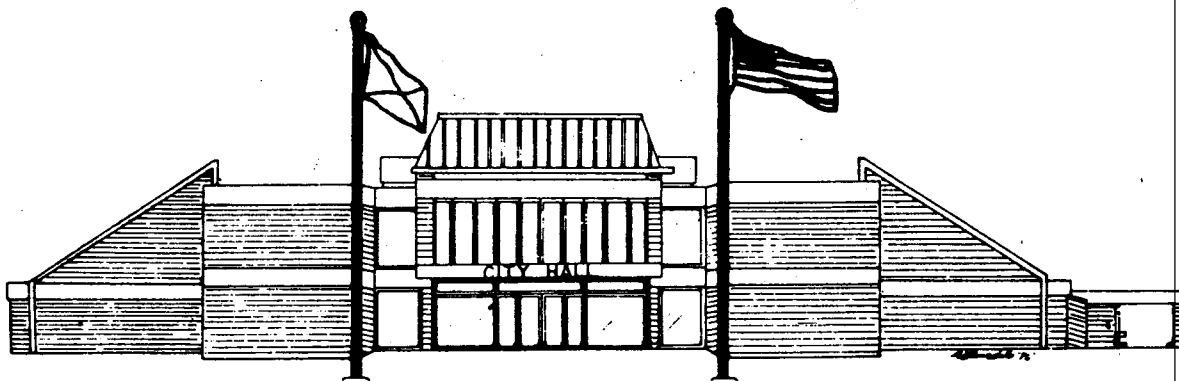
Brett Lays Evans

(Date)

5-3-82

JUL 03 1986

City of Warner Robins APPLICATION FOR EMPLOYMENT



An Equal Opportunity/Affirmative Action Employer

POST OFFICE BOX 1488 • WARNER ROBINS, GEORGIA 31099

FOR OFFICE USE ONLY

NAME

Evans

Last

First

Brett

Middle

POSITION

Police Officer

DATE

7-3-86

305

TO APPLICANT: You are advised that your application will be kept on active file until the disposition of the job for which you have applied. It is the responsibility of the applicant to keep the Personnel Office informed of all changes in name, address, phone, job experience, education, etc.

EMPLOYMENT RECORD

(Begin with your present or most recent employment)

781-7035

Current?

1. Name of Employer Dulmison, Inc.		Address 8355 GRACE RD. MAEON, Ga	
From 6/10/86	To current	Name and Title of Immediate Supervisor JEFF KING FOREMAN	
Position Held or Title MACHINE OPERATOR		Starting Salary \$ 4.50 hr.	Ending Salary \$ 4.50 hr.
Type of Work or Major Duties/Responsibilities 12-10-86 OPERATE MACHINERY AND small tools for production and assembly of telephone line products.			
Major Accomplishments:			
Reason for Leaving TEMPORARY, SUMMER WORK			

REC'D
12-30

453-7538

2. Name of Employer K-MART		Address 1900 N. Columbia, Milledgeville, Ga	
From 10/15/85	To 6/4/86	Name and Title of Immediate Supervisor K. Arnold	
Position Held or Title SALES		Starting Salary \$ 3.40 hr	Ending Salary \$ 3.55 hr
Type of Work or Major Duties/Responsibilities Responsible for sales and customer service.			
Major Accomplishments: Employee of the Month JANUARY			
Reason for Leaving school out for summer			

8-10-85?

929-1507

3. Name of Employer STEVE ROUNTREE		Address 839 Hwy 247 BOWADE, Ga	
From 6/15/85	To 8/20/85	Name and Title of Immediate Supervisor STEVE ROUNTREE	
Position Held or Title Laying shingles for roofs and other minor repair work on houses.		Starting Salary \$ 3.35 hr	Ending Salary \$ 3.50 hr
Type of Work or Major Duties/Responsibilities			
Major Accomplishments:			
Reason for Leaving Summer Job			

REC'D
1-13-87

(For additional jobs within the past five years, please attach a supplement or resume)

mailing address: [REDACTED]

PERSONAL

Name BRETT LAYN SWANS
First Middle Last

Present Address [REDACTED] How Long? 6 yrs

Former Addresses (Past Five Years)
1. _____ How Long? _____
2. _____ How Long? _____
3. _____ How Long? _____

Phone: Home [REDACTED] Business _____

If we are unable to reach you at home or business location, list name, address, phone number of person who can reach you.

Name relatives, and their relationship, in our employ:

Are you between the ages of 17 and 70 ☒ Yes ☐ No

U.S.A. Citizen: ☒ Yes ☐ No

If no, give work permit number _____

Have you ever been convicted of a crime other than a minor

traffic violation? ☒ No ☐ Yes (Explain on separate sheet)

DO NOT COMPLETE - OFFICE USE ONLY

Soc. Sec. No.: _____

Date of Birth: _____

Marital Status: _____

No. of Dependents: _____

HEALTH

Do you have any physical defects which would preclude you from performing any of the tasks listed in the job description of the job for which you are applying? ☐ Yes ☒ No If yes, explain _____

GENERAL INFORMATION

List office machines which you can operate: Typewriter, calculator Typing Speed 30 wpm

Shorthand Speed _____

May we make inquiries of your present employer? ☒ Yes ☐ No

Former employer? ☒ Yes ☐ No

Have you ever been employed by the City of Warner Robins? ☐ Yes ☒ No If the answer is yes, give dates, location and job classification:

POSITION APPLYING FOR

(In the space below, set forth in detail the type of work for which you are best qualified and wish to apply)

I Am applying for the police department.
I would like to be on patrol duty and
work my way up to detective - BEING
A detective is my primary goal.

EDUCATION

	Name and Location	From Mo/Yr	To Mo/Yr	Highest Grade Completed	Did You Graduate	Type Degree	Major	Date Degree Obtained or To Be Obtained
High School	NORTHIDE, GREEN ST	8/80	6/83		YES	Diploma		6/83
College(s) (Business College If Applicable)	MIDDLE GEORGIA COLLEGE	9/83	11/84		NO		BIO	
	MARION JUNIOR COLLEGE	7/85	7/85					
Graduate School	GEORGIA COLLEGE	1/85	present		NO	B.S.	CRIM. JUST.	6/87

What courses are you now taking? CRIMINAL JUSTICE RELATED COURSES

Have you had any special training not listed above? (Vocational Training, etc.) NO

MILITARY

Branch of U.S. Service _____ From Mo/Yr _____ To Mo/Yr _____ Rank _____

Major Duties: _____

Honorable Discharge: _____ Yes _____ No (If no, explain on separate sheet)

Service schools or special training _____

Do you have a Reserve obligation? _____ Yes _____ No (If yes, please describe) _____

REFERENCES

List three personal references (NOT minors, relatives or former employers) who have known you well during the past few years.

	NAME	ADDRESS	OCCUPATION	PHONE NO.	NO. YRS. KNOWN
2-1	AMMY POLLACK	1935 S. HOUSTON LAKE	student	987-5641	5
2-1	ED POLLACK	1935 S. HOUSTON LAKE	APPLIANCES MANAGER	987-5641	5
2-1	ROBERT CAUACO	1432 DUNBAR	CABINET MAKER	956-2604	5

FAIR CREDIT REPORTING ACT - PRE-NOTIFICATION

I understand that as part of your procedure for processing my application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure concerning the nature and scope of the investigation. I understand that the CITY will notify me if my application is turned down due to any credit information obtained by the CITY. At this time the CITY will supply me with the name and address of the person or agency giving the adverse credit information.

I HEREBY CERTIFY that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me, whether or not such information is a part of their records. I hereby release said organizations or persons from any liability or damages whatsoever for issuing this information.

I UNDERSTAND that as a condition of employment, I may be required to pass an employment physical and any future physical examination required by the CITY. I understand that such employment is subject to the policies of the CITY and the passing of any required written, physical agility or skill examination. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the CITY.

SIGNED: Beth L Evans DATE: 7/3/86

**Sexual Harrassment
Training Attendance**

Date: May 30, 2001			
NO.	NAME	NO.	NAME
1	Aho, Ron A	39	Moulton, Ross D.
2	Alexander, Michael C.	40	Mulkey, William F.
3	Bailey, Chris	41	Mullis, Randall L.
4	Baker, Mark E.	42	Nelson, Ralph Wayne
5	Batchelor, Thomas	43	Noll, Galen I.
6	Butts, George C	44	Onsted, Jeff E
7	Cain, Wilson	45	Palfrey, Richard
8	Capps, Charles W.	46	Parks-Mathern, Brenda
9	Coulter, Faye	47	Renfroe, D. Scott
10	Davis, Gerald I.	48	Sadlo, Charles
11	Davis, Mike	49	Singleary, Robert
12	Davis, Ozie M.	50	Sisa, Robert L.
13	Davis, Randall E.	51	Slay, Barry
14	Dennard, Harry D.	52	Stewart, Jeff
15	Dennis, Wendell L.	53	Street, Mark
16	Dixon, David	54	Upshaw, Amanda G.
17	Dodson, James R.	55	Vinson III, Eddie R.
18	Dugan, Albert W.	56	Walker, Cynthia J.
19	Evans, Brett	57	Walker, Steve T.
20	Fobbus, Bryan	58	Walters, Willice
21	Fountain, Jesse	59	Watson, Robert
22	Franklin, James	60	Windham, Randy
23	Golmitz, Marianne	61	Wood, Robert
24	Graves, Cecil	62	
25	Gray III, William Walter	63	
26	Griffis Jr., Roy	64	
27	Hamm, Kenny	65	
28	Harmon, Grace	66	
29	Hart, Kathy	67	
30	Harte, William	68	
31	Hartsoe, Ted	69	
32	Kilkó, John	70	
33	Kitchens, Charles F.	71	
34	Langston, Gregory T.	72	
35	Lunceford, Sandra	73	
36	Lynn, Stephen D.	74	
37	Maye, David	75	
38	Moss, Robert	76	

CITY OF WARNER ROBINS
ANTI-HARASSMENT TRAINING

DATE: 5/30/01

- | | |
|--------------------------------------|-----------------------------|
| 1. <u>Colin L. Noll WRPD.</u> | 26. <u>Sandra Linceford</u> |
| 2. <u>Barry Eslay WRFD</u> | 27. <u>Scott Evans WRPD</u> |
| 3. <u>Julia H. Wilson UTILITA.</u> | 28. <u>Scott L. WRPD</u> |
| 4. <u>Jay Carter-Mayer's Office</u> | 29. _____ |
| 5. <u>CHARLES ZADLO WRPD.</u> | 30. _____ |
| 6. <u>Wilson Cain UTILITA</u> | 31. _____ |
| 7. <u>Brenda Parks-Mathern</u> | 32. _____ |
| 8. <u>Cecil Gray</u> | 33. _____ |
| 9. <u>Eddie Johnson</u> | 34. _____ |
| 10. <u>Robert Moss</u> | 35. _____ |
| 11. <u>D. Scott Rentrone WRFD</u> | 36. _____ |
| 12. <u>James Franklin WRFD</u> | 37. _____ |
| 13. <u>KENNY HAMM WRFD</u> | 38. _____ |
| 14. <u>Mike Davis W.R.F.D.</u> | 39. _____ |
| 15. <u>Wm. H. WRFD</u> | 40. _____ |
| 16. <u>Jeff Stewart WRFD</u> | 41. _____ |
| 17. <u>David Marx WRFD</u> | 42. _____ |
| 18. <u>Charles W. Capps Jr. WRPD</u> | 43. _____ |
| 19. <u>Wendell H. Dennis WRFD</u> | 44. _____ |
| 20. <u>Robert Sosa</u> | 45. _____ |
| 21. <u>DAN W. DIXON WRAP</u> | 46. _____ |
| 22. <u>Grace M. Harmon</u> | 47. _____ |
| 23. <u>Thomas Gatchell</u> | 48. _____ |
| 24. <u>Mark Stu</u> | 49. _____ |
| 25. <u>William G. Harte</u> | 50. _____ |

Georgia Public Safety Training Center

This is to Certify that

Brett L. Evans

Has successfully completed an 8 hour course of study entitled

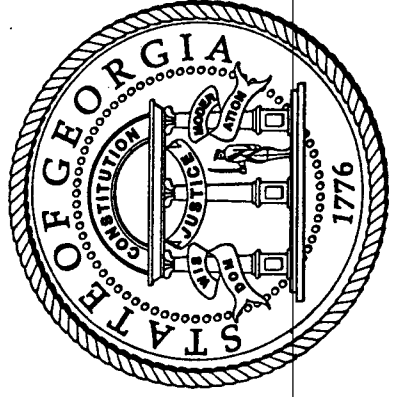
Open Records Seminar Train the Trainer

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.

Given on the 18th Day of February, 2003.

Mike Barton
Executive Director,
Peace Officer Standards and Training Council

R.H. Buffington
Course Coordinator



C. David Lyne
Director, Georgia Public Safety Training Center

R.H. Buffington
Director, Georgia Police Academy

Georgia Public Safety Training Center

This is to Certify that

Brett Evans

Has successfully completed a 40 hour course of study entitled

Internal Affairs

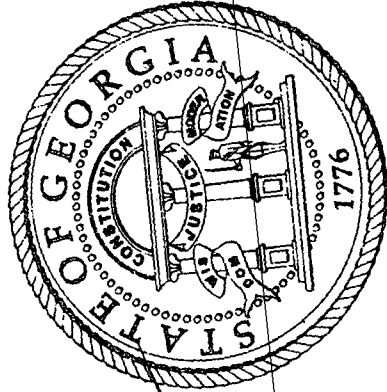
(ABI14G)

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.

Given on the 22nd Day of February, 2002.

Mike Barton
Executive Director,
Peace Officer Standards and Training Council

Ray Z. Wang
Course Coordinator



C. David Lytle
Director, Georgia Public Safety Training Center

R. H. Buffington
Director, Georgia Police Academy

Georgia's Highway Safety Training Center

This is to Certify that

Brett Evans

Has successfully completed a 40 hour course of study entitled

Blood Pattern Analysis
(ABM03G)

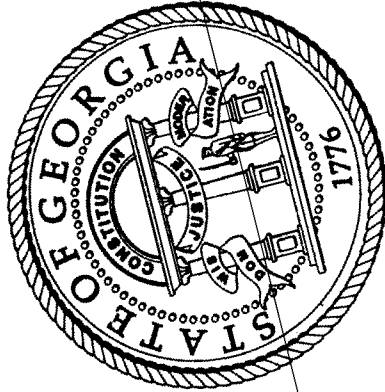
Has successfully completed a 40 hour course of study entitled

Blood Pattern Analysis
(ABM03G)

Given on the 30th Day of March, 2001.

Given on the 30th Day of March, 2001.

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed



Mike Barton
Executive Director,
Peace Officers Standards and Training Council

[Signature]
Course Coordinator

[Signature]
Director, Georgia Public Safety Training Center

[Signature]
R.H. Buffington
Director, Georgia Police Academy

Georgia Public Safety Training Center

This is to Certify that

Brett L. Evans

Has successfully completed a 40 hour course of study entitled

Homicide Investigations

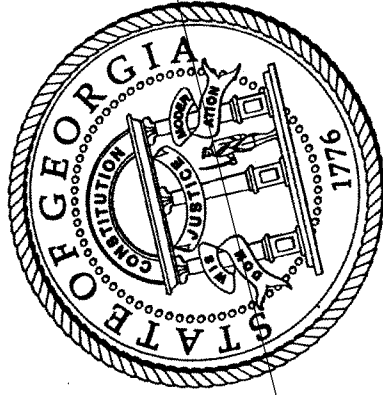
(ABD03G)

Given on the 30th Day of June, 2000.

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.

C. David Lyle
Director, Georgia Public Safety Training Center

R. H. Buffington
Director, Georgia Police Academy



R. Darby
Executive Director,
Peace Officers Standards and Training Council

[Signature]
Course Coordinator

Verona Public Hospital Safety Officer Training Center

This is to Certify that

Brett L. Evans

BREU D. E.
Has successfully completed a 40 hour course of study entitled
Business Profiling

Basic Psychological Profiling

(ABM08G)

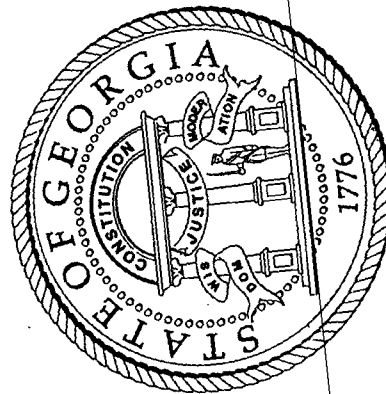
only authorized officers affixed.

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.

(ABM08G)

Given on the 18th Day of August, 2000.

Given on the 18th Day of - 2



P. Darby
Executive Director,
Peace Officers Standards and Training Council

M L Howard
Course Coordinator

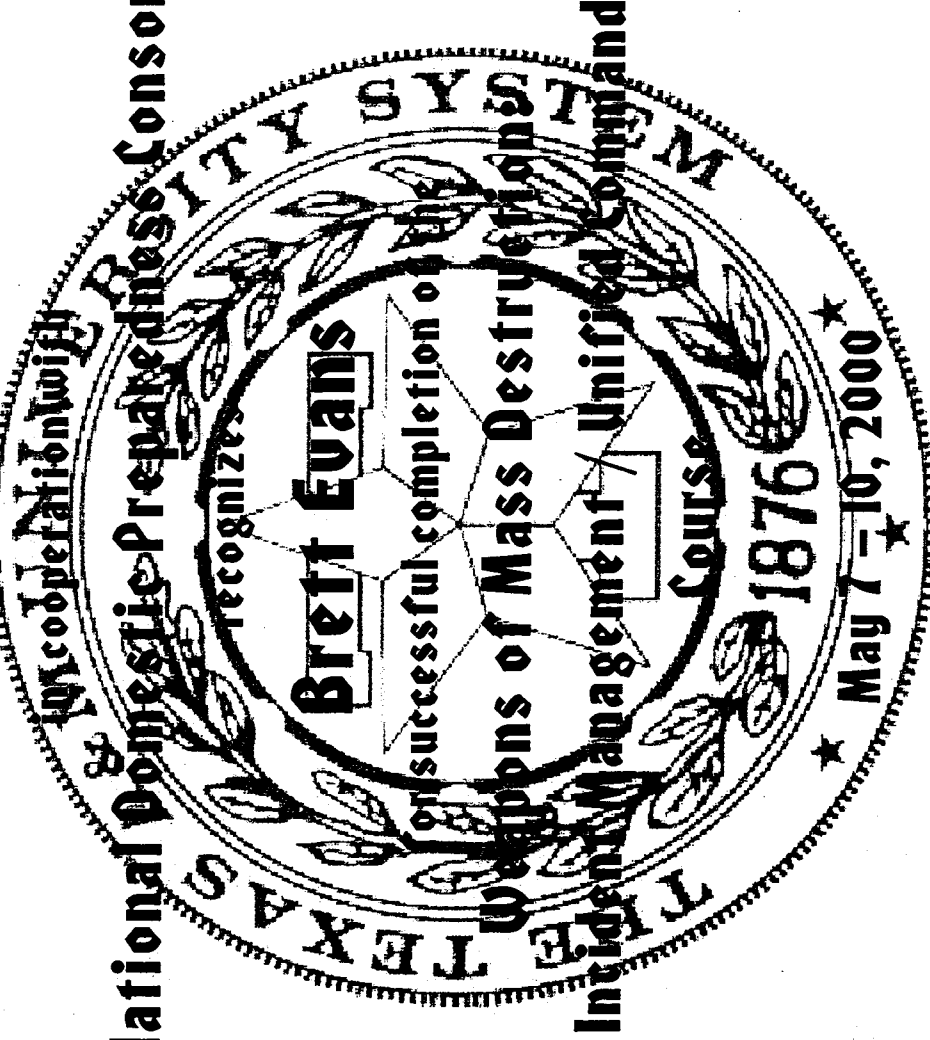
C. David Layton
Director, Georgia Public Safety Training Center

[Signature]
Director, General Instruction Division

The Texas A&M University System

The National Emergency Response & Rescue Training Center

in cooperation with
the National Domestic Preparedness Consortium



G. Kemble Bennett

G. Kemble Bennett - Director, NERRTC

Cecil M. Ware

Cecil Ware - Instructor

MG 73 I
MG 74 II

28

Georgia's Public Safety Training Center

This is to Certify that

Brett L. Evans

Has successfully completed a 40 hour course of study entitled
Management Training Level II
(CAN04B)

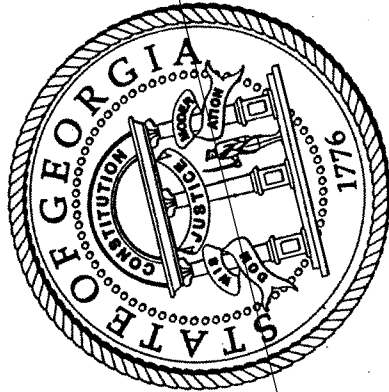
Has successfully completed a 40 hour course of study entitled
Management Training Level II
(CAN04B)

Has successfully completed a 40 hour course of study entitled
Management Training Level II
(CAN04B)

Has successfully completed a 40 hour course of study entitled
Management Training Level II
(CAN04B)

C. David Long
Director, Georgia Public Safety Training Center

John A. ...
Director, General Instruction Division



R. D. ...
Executive Director,
Peace Officers Standards and Training Council

E. J. ...
Course Coordinator

new TC 14 28

Institute of Police Technology and Management

UNIVERSITY OF NORTH FLORIDA



This is to certify that

Brett Evans

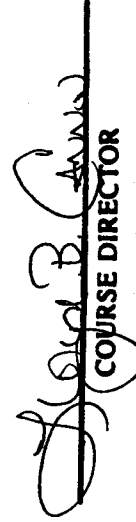
has successfully completed the 24 hour training course

TACTICAL OPERATIONS COMMAND

Conducted in Jacksonville, Florida

November 16 - 18, 1998

UNIVERSITY OF
NORTH
FLORIDA


COURSE DIRECTOR


DIRECTOR IPTM

28 V
WCS 9/4

**The Georgia Regional
Community Policing Institute
And
The Georgia Regional Academies
Enforcement Strategies**

This Certifies That

Brett Evans

*has successfully completed 16 hours of training on
Mobilizing the Command Staff to Initiate or Enhance
Community Oriented Policing Strategies in Your Jurisdiction.*

Lee O. Hansen
GRCPD Director

On This 26th Of August 1998.

Brett L. Evans

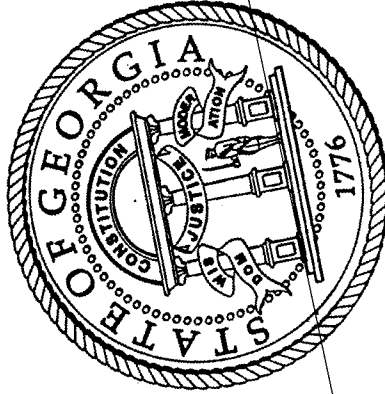
Brett L. Evans

Has successfully completed the course and the signatures of duly authorized officers affixed.
(ABIO5G)
June 1998.

the State of Georgia
Given on the 25th Day of September,

C. David Lay
Director, Georgia Public Safety Training Center

R. H. Buffington
Director, Georgia Police Academy



R. Darby
Executive Director
Peace Officers Standards and Training Council

James C. Lewis
Course Coordinator

Georgia Judicial Institute Public Safety Training Center

This is to Certify that

Brett L. Evans

Has successfully completed a 40 hour course of study entitled

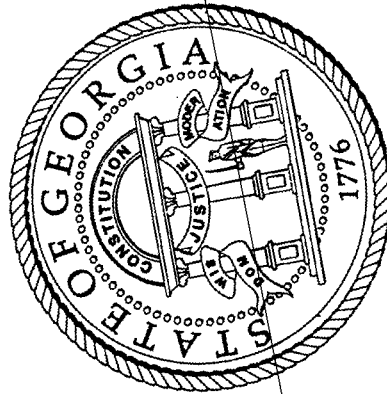
Supervisory Training Level III
(CAM03C)

Has successfully completed a 40 hour course of study entitled
Supervisory Training Level III
(CAM03C)

(CAM03C)

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.
Given on the 14th Day of November, 1997.

C. David Long
Director, Georgia Public Safety Training Center



R. D. Long
Executive Director,
Peace Officers Standards and Training Council

Robert E. Daymon Jr.
Course Coordinator

Robert E. Daymon Jr.
Director, General Instruction Division

Georgia Public Safety Training Center

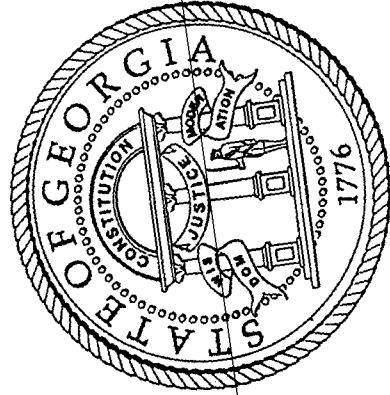
This is to Certify that

Brett L. Evans

Has Successfully completed a 40 hour course of study entitled
Supervisory Training Level II
(CAM03B)

Director of Georgia and the signatures of duly authorized officers affixed.

In witness thereof, the seal of the State of Georgia and the signatures of duly authorized officers affixed.
Given on the 9th Day of May, 1997.



Paul K. Rank
Executive Director,
Peace Officers Standards and Training Council

Robert E. Dargatzis
Course Coordinator

C. David Lytle
Director, Georgia Public Safety Training Center

R. H. Buffington
Director, Georgia Police Academy

Georgia Public Safety Academy Training Center

This is to Certify that

Brett L. EVANS

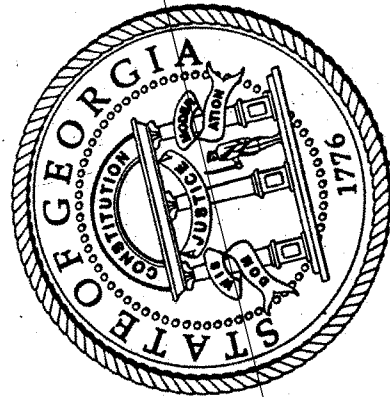
Has successfully completed an 80 hour course of study entitled

Defensive Tactics Instructor
(SID02D)

Has successfully completed an 80 hour course of study entitled
Defensive Tactics Instructor
(SID02D)

C. David Lyons
Director, Georgia Public Safety Training Center

In witness thereof, the seal of the Training Center and the signatures of duly authorized officers affixed.



Paul K. Rack
Executive Director
Peace Officers Standards and Training Council
Alan C. ...
Course Coordinator

[Signature]
Director, Instructional Services Division

1536 ✓ 28

Certificate of Completion

Is To Certify That

Brett L. Evans

Attended and Satisfactorily Completed

8 Hours of Training in

Oleoresin Capsicum Instructor Training Course (SIGD04 D)

Sgt. Thallas A. Amie
Sgt. Thallas A. Amie, Instructor
Major A. L. K. Foster
February 19, 1997

✓ 8CS1

Certificate of Completion

We Do Certify That

Brett W. Evans

Attended and Satisfactorily Completed
16 Hours of Training in

Expandable Baton Instructor Training (SIA01B)

February 18, 1997

Sgt. Thomas A. Arlie / Instructor

Major A. L. Corey / Director

Georgia Ambulance Safety Training Center

This is to Certify that

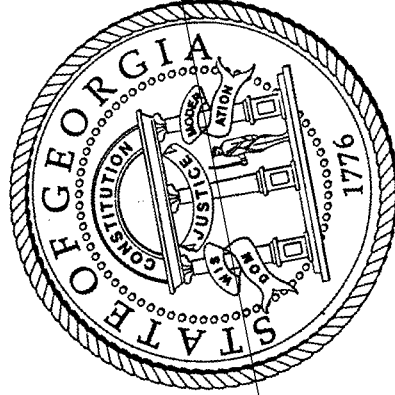
Brett L. Evans
Has successfully completed a 40 hour course of study entitled

Supervisory Training Level I.
(CAM03A)

the signatures of duly authorized officers affixed.

Given on the 31st Day of May, 1996.

In witness thereof, the seal of the State of Georgia and



Pat Lanni
Executive Director,
Peace Officers Standards and Training Council

Advent E. Dargatzis
Course Coordinator

C. David Lyne
Director, Georgia Public Safety Training Center

Robert L. Lyne
Director, Instructional Services Division

Center Training Staff

This is to Certify
EVANS
 as entitled

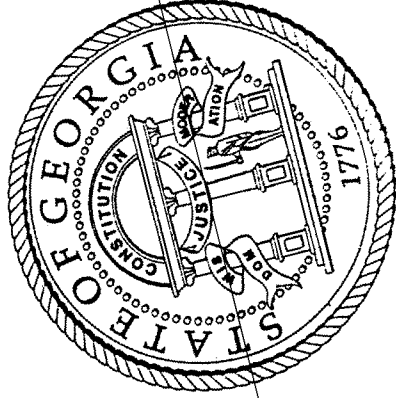
Brett L.
fully completed a 40 hour course of
Police Tactical Rifle
(AFL02F)
and the signatures of duly auth
May 1996.

(AFL02F)

(AFL02F)

23rd Dec

fitness thereof, the sea



Stefan
Executive Director, Council
Arts and Training

Peace Officers Standard

Course Coordinator

Course Coordinator

C. D. [Signature]
Director, Georgia Public Safety Training

R. H. Burdette
Director, Oregon Police Academy

State of Georgia Department of Public Safety

AND
GEORGIA BUREAU OF INVESTIGATION
DIVISION OF FORENSIC SCIENCES

7640



20945

HEREBY CERTIFIES THAT

Brett L Evans

is hereby authorized to perform chemical analyses of breath specimens pursuant to the Uniform Act
Regulating Traffic on Highways and subject to the regulations of the Department of Public Safety. This
authorization is applicable to analyses utilizing _____
Intoxilyzer

Model 5000 only. This permit issued at Decatur, Georgia.

This 31st day of October 1995

This permit expires October 31, 1997


Director, Division of Forensic Sciences


Commissioner, Department of Public Safety

IN 09 New Fall

4 hrs

Identix Live-Scan System
Statement of Acceptance

TO: Identix TouchPrint Administrator

DATE: 2/10/98

FROM: Identix Customer Support

CC: Stuart Jonas (Technical Manager)

RE: Live-Scan System Training

Version:

The execution of this document represents TouchPrint Product Training Acceptance, thereby agreeing the training has been completed and deemed acceptable by the customer.

Customer Name: Warner Robbins PD
Site Identifier:
Site Address: 800 Young Ave Warner Robbins, GA.

Identix Program Name: TP600

Session One

Level 2/10

1 Michael Myerand - Admin.
41 LARRY D. JOHNSON SR
71 CHARLES SADLER
63 GALEN NOLL - Admin.
238 George V. GORNEY

51 STEVE LYNN
6 Walter BATTIE
110 Larry Douglas
229 J. Scott Webb
349 Rob McKamy

Session Two

Level

WILL E VANDYUSE 85
ISRETT EVANS 28
John Lanna JOHN M. LANNAN 375
Charles W. Capps Jr. 18
JOHN CLAY 21

Lisa Angell 3
LANCE WATSON 130
Deborah D Miller 52
Bernadette Matheson 64
KENNEDY APTAKA 4

Trained By: C. L. Tate Date: 2/10/98

Accepted By: Capt. Michael Lynd Date: 2/10/98

Please route to Identix Headquarters, Attention: Order Processing

CITY OF WARNER ROBINS

WHISTLEBLOWER PROTECTION POLICY

I certify that I have read or had the **Whistleblower Protection Policy** explained to me and have received a copy. I understand the policy and hereby agree to abide by its terms.

BRETT EVANS

Print Name

[Signature]

Employee's Signature

9/12/11

Date

Witness

CITY OF WARNER ROBINS

No-Harassment Policy

I certify that I have read the **No-Harassment Policy**, received a copy and had it explained to me, and hereby agree to abide by its terms.



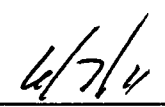
Employee's Signature




Date



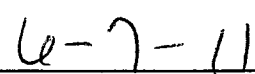
Print Name



Date



Witness



Date

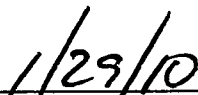
CITY OF WARNER ROBINS

ANTI-HARASSMENT GUIDELINE

I certify that I have read the Anti-Harassment Guideline, received a copy and had it explained to me, and hereby agree to abide by its terms.



Employee's Signature



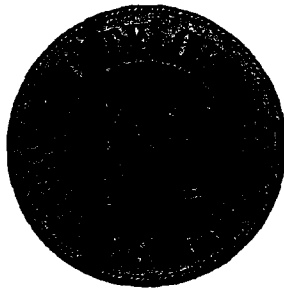
Date



Witness



Date



CITY OF WARNER ROBINS

ANTI-HARASSMENT GUIDELINE

SECTION 2200. PURPOSE

The City of Warner Robins is proud of its professional and congenial work environment, and will take all necessary steps to insure that the work environment remains pleasant for all who work here. All employees must treat each other with courtesy, consideration and professionalism. The City of Warner Robins will not tolerate harassment of any employee by any other employee or supervisor for any reason. This policy applies to all city employees and applicants for employment. In addition, harassment for any discriminatory reason, such as race, sex, national origin, disability, age, or religion, is prohibited by state and federal laws, which may subject the City of Warner Robins and/or the individual harasser to liability for any such unlawful conduct. With this policy, the City of Warner Robins prohibits not only unlawful harassment, but also other unprofessional and discourteous actions. Accordingly, derogatory racial, ethnic, religious, age, sexual or other inappropriate remarks, slurs or jokes will not be tolerated.

SECTION 2210. DEFINITIONS AND RULES

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or any other visual, verbal or physical conduct of a sexual nature, when:

- (1) Submission to the conduct is made either implicitly or explicitly a condition of the individuals employment;
- (2) Submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; or
- (3) The harassment has the purpose or effect of unreasonably interfering with the employee's work performance or creating an environment that is intimidating, hostile, or offensive to the employee.

Each employee must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. Forms of harassment include, but are not limited to:

- (1) Verbal: repeated sexual innuendoes, racial or sexual epithets, derogatory slurs, Off-colored jokes, propositions, threats, or suggestive of insulting sounds;
- (2) Visual/Non-verbal: derogatory posters, cartoon, or drawings; suggestive objects or pictures; graphic commentaries, leering, or obscene gestures;
- (3) Physical: Unwanted physical contact, including touching, interference with an individual's normal work movement, or assault and/or battery; and
- (4) Other: making or threatening reprisals as a result of a negative response to harassment.

SECTION 2220. PROCEDURES

Any employee who believes that he/she is or may be subjected to objectionable conduct must report it immediately to his/her supervisor or to the Department of Human Resources. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating that situation. If the employee's supervisor is involved, the employee does not need to contact that individual first but may proceed directly to the Director of Human Resources or the Mayor. The City of Warner Robins also will not tolerate employees filing wholly unfounded or frivolous complaints alleging sexual harassment or discrimination. While each complaint will be thoroughly investigated, those complaints having no basis in fact or reality, and those claims brought solely to harass another employee, to tarnish another employee's reputation, or to "get back" at another employee are strictly prohibited and may result in discipline up to and including discharge.

Upon receipt of an allegation of sexual harassment or any other form of harassment prohibited herein, the City will make a prompt, thorough and objective investigation of the allegation. This investigation will respect the rights of both the accuser and the accused. The Assistant City Attorney for Human Resources will conduct the investigation. The investigation will be completed in an expeditious manner and if at all possible within five (5) working days.

At the conclusion of the investigation the Mayor, Department Director, and the Assistant City Attorney for Human Resources will make a determination as to

whether the complaint was founded or unfounded. If unfounded, the complaint will be dismissed and if found to be wholly unfounded or frivolous appropriate discipline may be taken against the accuser. If the complaint is determined to be true then the Mayor, Department Director and the Assistant City Attorney for Human Resources will promptly formulate a plan for remedial action for the situation. This remedial plan may include, but is not limited to, separation of the parties, counseling for the offending party and any other disciplinary action allowed by the Personnel Rules and Regulations up to and including termination. Each case will be judged on its own merits on a case by case basis. The severity of the remedial action will be based upon the seriousness of the conduct.

Any employee who brings such a complaint to the attention of the City, in good faith, will not be adversely effected as a result of reporting the harassment. The City will preserve the confidentiality of harassment complainants and witnesses as much as possible consistent with a thorough investigation. Once an investigation is initiated, confidentiality may no longer be practicable or the best interest of the City in light of open records laws or the need to quell gossip that can affect employee morale, reputation and working efficiency. To encourage candor and cooperation during the investigative process, however, the final report and all supporting data, including transcripts of written summaries of statements by witnesses, will be available only to those who, in the judgment of the Mayor or his designee, have a bona fide need to know and to those legally entitled to disclosure.

SECTION 2230. PROHIBITION AGAINST RETALIATION

Retaliation against an employee for protesting or reporting violations or apparent violations of this policy, or for filing a complaint, will not be tolerated. Any person found to have retaliated against an employee is subject to disciplinary action, up to and including discharge.

I certify that I have read the above policy, had it explained to me and hereby agree to abide by its terms.

BRETT EVANS
Employee Printed Name

Brett Evans
Employee Signature

5/30/01
Date

Cory Griffin
Witness Signature

5/30/01
Date

PERSONNEL RULES AND REGULATIONS
ARTICLE 19

Employee: EVANS BRETT LAYN

Department: Police Administrative

THIS IS TO CERTIFY THAT I HAVE READ (OR HAD READ TO ME) AND HAVE HAD
EXPLAINED TO ME ARTICLE 19 OF THE PERSONNEL RULES AND REGULATIONS
REGARDING THE "EMPLOYEE GRIEVANCE PROCEDURE" AS AMENDED BY MAYOR AND
COUNCIL ON JULY 17,1995.

Brett Evans 09/18/95
Employee Signature Date

Lee 9/18/95
Witness 21 Date

CITY OF WARNER ROBINS
ALCOHOL AND CONTROLLED SUBSTANCE POLICY

ATTACHMENT C

EMPLOYEE CONSENT AND NOTICE:
ALCOHOL AND CONTROLLED SUBSTANCE TESTING AS PART OF ANNUAL
MEDICAL EXAMINATION

An annual medical examination and alcohol and controlled substance screening test will be required for continued employment as a City of Warner Robins' police officer or firefighter. In order to retain your position as a City of Warner Robins' police officer or firefighter, you must successfully pass this screening test and achieve an acceptable medical examination.

By signing this form, you are acknowledging that you consent to such a testing, that you consent to the release of test results to your Department Director or his designee, and that you understand that such testing is part of the City of Warner Robins' Alcohol and Controlled Substance Policy. You hereby agree to abide by this policy.

Date: 9-7-90 Signature: Brett Evans

Print Name: BRETT EVANS

Social Security #: [REDACTED]

Notary

[Signature]

CITY CODE


SECTION 18-44

Employee EVANS BRETT LAYN

Department Police Administrative

THIS IS TO CERTIFY THAT I HAVE READ (OR HAD READ TO ME) AND HAVE
HAD EXPLAINED TO ME SECTION 18-44 OF THE CITY CODE REGARDING
EMPLOYEES "ARRESTED, BOUND OVER, CHARGED OR INDICTED" FOR ANY
CRIMINAL OFFENSE, AS AMENDED BY MAYOR AND COUNCIL ON 11-15-93.

I AM AWARE OF THE REPORTING REQUIREMENTS UNDER THIS POLICY.

 28 012694
Employee Signature Date

Walter Botte, LT 01-26-94
Witness Date

This is to certify that I have had read and explained to me the rules and regulations of the revised City of Warner Robins Alcohol and Controlled Substance Policy, and have had ample opportunity to ask any questions that I feel were necessary.

Date: 040697

Name

BEVALS/Beth

Department

Police - 5211

THIS IS TO CERTIFY THAT I HAVE HAD READ AND EXPLAINED TO ME,
AND I HAVE RECEIVED A COPY OF, CITY CODE SECTIONS 18-36 AND
18-40 TO 18-43 OF THE PERSONNEL DISCIPLINARY ACTION APPEALS
AND HEARINGS PROCEDURES AS ADOPTED BY CITY COUNCIL,
EFFECTIVE SEPTEMBER 1, 1990.

Brett Evans (EVANS)
Employee Name

8-13-90
Date

Capt. J. Mathern
Supervisor

My signature below is my acknowledgement that I have received a
copy of the SAS Health & Dental Benefits Handbook of the City of
Warner Robins Benefit Package. I understand that I am responsible
for reading the contents of the booklet so that I can be aware of
my health & dental benefits.

Brett Evans
Employee Signature EVANS

8-24-90
Date

SAC
Department

CITY OF WARNER ROBINS

I, BRETT LAYN EVANS, hereby certify that I have
(Name Typed)

received a copy of the City of Warner Robins Employee Handbook
and the Safety Book upon my employment with the City.

Employee Signature Brett L Evans Date 5-1-87

Personnel Staff Quorra Date 5/1/87

CITY OF WARNER ROBINS

This is to Certify that I EVANS, BRETT LAYN acknowledge receipt of the City of Warner Robins Drug Free Workplace Policy adopted by City Council on July 3, 1989.

Brett Layn
Signature

040690
Date